innovative health initiative

Bibliometric Analysis of Ongoing Projects

17th Full Bibliometric Report with Reference Data – 2026

Report prepared by Nature Research Intelligence

COCIR Advancing Healthcare · efpia · EuropaBio The European Association for Bioindustries · MedTech Europe from diagnosis to cure · Vaccines Europe · Co-funded by the European Union

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1. Executive Summary

The Innovative Health Initiative Joint Undertaking (IHI JU) is a public–private partnership in the European Union which funds projects to address public health needs, improve patients' lives, and boost the competitiveness of Europe's health industries. From the initial call for funding in April 2008 through the Innovative Medicines Initiative (IMI), there have been 47 funding calls — 34 for IMI and 13 for IHI JU — for researchers in Europe and across the world.

The funding has resulted in approximately 16,000 research publications across the IHI JU and IMI programmes. To date, there have been 239 IHI JU funded publications spanning 62 countries and multiple continents. Since 2010, IMI publications have received more than 840,000 citations, with its field-normalized citation impact (2.28) performing well when compared to the European research average and other European funding programmes, such as the Seventh Framework Programme (FP7) with 2.04 and Horizon 2020 with 1.87. Research funded by the IMI also performs strongly against global health funding bodies with only the Medical Research Council and Wellcome Trust having a better citation impact (both 2.33).

IHI JU and IMI funded research is highly collaborative. There are 62 countries that have at least one publication funded by IHI JU and 20 countries that have ten or more IHI funded publications. For IMI, there are 135 countries that have at least one publication and there are 77 countries that have ten or more IMI funded publications. In addition, IMI funded research is characterized by cross-sector collaborations, with three-quarters (75%) of the research involving co-authorship across sectors such as education/academia, health care, corporate/industry, government and non-profit organizations.

This is the 17th annual report produced for IHI JU and it has been created by Nature Research Intelligence. It provides a bibliometric analysis of research from 2010 to 2025 funded by the IMI and IHI JU programmes, a benchmarking analysis against European funding programmes, other global health research funders, and a landscape of the collaboration profiles and networks of the publications. The data used to create this report was exported from the Dimensions database on 1 June 2026.

1.1 Key findings

1.1.1 Impact of IHI JU funded research

- There have been 239 IHI JU funded publications to date across 128 distinct journals.
- 202 of those publications are peer-reviewed articles and have yielded 2,506 citations.
- IHI JU publications (2.72) have yielded citation impact more than double that of European publications (1.17).
- Almost 90% of all IHI JU funded research to date has been published as open access documents.
- Research has been published across 32 of the IHI JU funded projects. Leading projects to date by number of publications are PROMINENT (43), AD-RIDDLE (38) and PREDICTOM (32).
- IHI JU funded research spans 62 countries in Europe, North America, South America, Africa and the Asia-Pacific region.
- The top five countries publishing IHI JU research are Germany (112), the United Kingdom (105), the Netherlands (83), Sweden (75) and the United States (73).

1.1.2 Collaboration profile of IHI JU funded research

- IHI JU funded papers are the result of collaborative work, with 86% across stakeholder[1]-types.
- Research organizations have co-authored almost all IHI JU funded cross-stakeholder papers to date (99%), with high collaboration also noted from health-care organizations and providers (93%).
- Almost 80% of IHI JU funded papers involve international collaboration. The United Kingdom and Germany are the two most represented countries. International collaborations involving Spain are currently recording the highest field-normalized citation impact (4.87).
- IHI JU funded papers having five or more affiliated countries record citation rates of more than four times the world average (4.12).
- Approximately one third (31%) of IHI JU publications exhibit a collaboration between academia and the industrial sectors.

1.1.3 Impact of IMI funded research

Since 2010, IMI funded projects have resulted in 15,752 publications.

- Over the past five years, approximately 1,400 publications per year have been generated from IMI funding.
- IMI papers (articles and reviews) have received approximately 840,000 citations, averaging 59.1 citations per paper.
- A 30.9% share of IMI papers are in the top 10% most cited papers worldwide.
- IMI funded research is cited more than twice as much as the world average (based on its field-normalized citation impact[2] of 2.28) and exceeds the citation impact of research from 27 EU countries and the United Kingdom (EU27+UK - 1.21) by 88% based on the citations for publications with the same document type, year of publication and subject area.
- By field-normalized citation impact, IMI1 (2.08) and IMI2 (2.47) projects perform well compared with their EU funding counterparts FP7 (2.04) and Horizon 2020 (1.87).
- IMI funded research performs well compared with EU27+UK research across the top research fields for field-normalized citation impact. The top three disciplines by field-normalized citation impact are genetics (3.08 vs 1.28), cardiovascular medicine and haematology (2.83 vs 1.23) and neurosciences (2.83 vs 1.14).
- IMI projects have been published in 2,139 journals to date and the average journal impact factor for IMI funded research is 5.98. In 2025, across the 499 journals featuring IMI funded research, the average journal impact factor was 7.80.

[1] IHI stakeholders include: Research / higher or secondary education organizations, Healthcare professional organization / Healthcare provider, Small & medium enterprise (SME), Large company (for-profit legal entity), Charities and Foundations, Patient / Citizen organization, Public authority, Non-governmental organizations (NGOs), Health care payers

[2] The mean Field-Normalized citation impact is calculated by dividing the total citations count by the expected citations count for publications with the same document type, year of publication and subject area. When a publication is assigned to more than one subject area, the harmonic average is used. Values over 1 indicate that publications are cited more than would be expected.

- More than three-quarters (84.9%) of all IMI papers were open access and of these, 32% feature in the top 10% most cited.
- A total of 135 countries have at least one publication funded by IMI and 77 countries have ten or more funded publications.
- The United Kingdom (6,848), Germany (5,016), the Netherlands (4,261), the United States (3,990) and Sweden (2,506) are the top five countries by publication volume.
- EU-AIMS is the leading IMI project by number of publications (850).

1.1.4 Collaboration profile and geographic spread of IMI funded research

- The majority of IMI funded papers involve cross-sectoral (75%), cross-institutional (87%) and cross-country (66%) collaborations.
- Collaborations across sectors[3] (2.43), institutions (2.33) and countries (2.54) yield a higher field-normalized citation impact than for collaborations which involve a single sector (1.72), a single institution (1.59) and a single country (1.63).
- The academia/education (96%) and healthcare (75% - including hospitals and private sector) sectors have the greatest share of IMI funded cross-sectoral collaborative papers among all sector types.
- A positive association exists between the number of countries affiliated on an IMI funded paper and the respective field-normalized citation impact for that paper. Where a paper has >5 countries, the field-normalized citation impact is four times the world average (4.05).
- IMI projects connect EU with research hotspots around the world, strengthening the EU research ecosystem.

1.1.5 Benchmarking analysis comparing IMI funded research with ten international research funders

- IMI research publications rank third when comparing the field-normalized citation impact (2.28) with ten international health research funders, only trailing the Medical Research Council (2.33) and the Wellcome Trust (2.33).
- IMI research papers rank first compared to the comparator set based on their share of highly cited papers. Almost one-third (30.9%) of all IMI funded papers are in the top 10% most cited papers globally in their research field.
- In 2025, 6.8% of IMI funded research papers are noted in the top 1% highly cited and 30.3% of papers in the top 10% highly cited.
- IMI ranks third among the comparator funders for open access publishing (84.9%), with three of the ten selected funders publishing more than 80% of papers via open access.

[3] IMI sectors include: Education, Healthcare, Company, Government, Other (Facility, Nonprofit, Archive, Other), Unknown

2. Introduction

2.1 Innovative Health Initiative Joint Undertaking (IHI JU)

To ensure that Europe remains at the cutting edge of interdisciplinary, patient-centric health research, the Innovative Health Initiative Joint Undertaking (IHI JU) was launched in November 2021 as a public–private partnership (PPP) between the European Union and European life science industries. With scientific breakthroughs increasingly involving cross-sectoral discoveries, it is imperative that industrial sectors involved in health research — pharmaceutical, digital, IT and medical devices — work in collaboration rather than isolation.

Pioneering a new, more integrated approach to health research, as well as shifting the focus from disease care to comprehensive health care solutions using data-driven innovation to create real world impact, is central to IHI JU's mission, starting with disease prevention, diagnostics and personalized treatments, and disease management. Using a total budget of €2.4 billion, available from 2021 to 2027, IHI JU projects focus on delivering safe and effective health innovations. Covering the entire spectrum of care is the overriding objective of the IHI JU, particularly in areas where there is an unmet public health need. One example is the application of interventional oncology in clinical settings to improve cancer survival outcomes, through minimally invasive, efficient, and affordable care pathways. This cross-sectoral research collaboration is designed to advance interventional oncology imaging technologies, integrate AI-based image processing and accelerate the clinical validation of novel care pathways.[4]

2.2 Transition from the Innovative Medicines Initiative

Ultimately, IHI JU is an evolution of the Innovative Medicines Initiative 1 and 2 Joint Undertaking (IMI1 JU and IMI2 JU), which started life in 2008 as a PPP between the EU and the European pharmaceutical industry. The overarching goal of the IMI programme was to 'significantly improve the efficiency and effectiveness of the drug development process with the long-term aim that the pharmaceutical sector produces more effective and safer innovative medicines. With a combined budget of more than €5.3 billion, the IMI1 (2008–2013) and IMI2 (2014–2020) programmes yielded 182 projects geared towards drug development and vaccine safety.

With the heightened focus on cross-sectoral cooperation and the IMI2 programme ending, the European Commission decided to launch the IHI JU — a new PPP centered on broad, interdisciplinary and patient-centric health research. IHI JU is designed to address the lessons learnt from IMI and leverage the benefits of closer collaboration across diverse sectors and actors in research and innovation to better respond to current and emerging health needs. At the time of writing this report, IHI call 13 was open and consisted of a two-stage call with topics on accelerating healthcare innovation through networks, reducing animal use in drug safety studies, and decoding the immuno-science of diseases affected by ageing and the immune system.

2.3 Purpose and scope of this report

The IHI JU commissioned Nature Research Intelligence to produce the 17th bibliometric evaluation of its funded research under a public procurement procedure (Tender reference number: IHI.2023.OP.037 of 31/03/2023).

[4] van der Velden, A.L., Verhagen, C.A.M., Gholamiankhah, F. *et al.* Prospective Registry Study on Thermal Liver Ablation of Primary and Secondary Liver Tumours Named the A-IMAGIO Study. *Cardiovasc Intervent Radiol.* 48, 1193–1199 (2025).

The purpose of this report is to provide a detailed bibliometric evaluation of the research produced by IHI JU funded projects. This report provides an analysis that allows IHI JU to have an impact measurement for the research that it has funded and to develop strategies to encourage research that benefits the health of the global community.

2.3.1 Significance of bibliometrics

Bibliometric analysis is a quantitative method used to evaluate the impact of research outputs to:

1. **Understand trends:**
    a. **Identification of emerging research fields:** analyzing citation patterns and publication trends allows for the identification of emerging areas of research.
2. **Map research landscapes:**
    a. **Research output:** providing a comprehensive overview of research output across different fields, institutions and countries.
    b. **Collaboration networks:** by examining collaboration networks, bibliometrics can reveal important partnerships within and across disciplines.
    c. **Funder analysis:** assessing the performance of research that has been awarded grant funding and providing a measure of return on investment.
3. **Guiding future research and innovation strategies:**
    a. **Strategic planning:** funding bodies can use bibliometric data to make informed decisions about where to allocate resources for maximum impact.
    b. **Policy development:** policymakers can use bibliometrics to develop policies that promote innovation and address gaps in the research landscape.
    c. **Forecasting:** predicting future research trends and identifying potential areas for new breakthroughs.

2.3.2 Scope of this report

Nature Research Intelligence has prepared this report, which is comprised of multiple sections to showcase:

- Impact of IHI JU funded research
    - Exploring publishing trends, open access research, publication output by country and IHI JU project, citation performance benchmarked against publications generated under the Horizon Europe programme, the EU27 and the global view, journal use and research fields.
- Collaboration profile of IHI JU funded research
    - Uncovering the volume and citation impacts of cross-sectoral, cross-industry and international collaborations relating to IHI JU/IMI funded research to create a collaboration profile.
- Impact of IMI funded research

- Exploring publishing trends, open access research, publication output by country and IMI project, citation performance benchmarked against publications generated under the FP7 and Horizon 2020 programmes, the EU27+UK and the global view, journal use and research fields.

- Collaboration profile and geographic spread of IMI funded research

  - Uncovering the volume and citation impacts of cross-sectoral, cross-industry and international collaborations relating to IMI funded research to create a collaboration profile.

- Benchmarking analysis comparing IMI funded research with ten international research funders

  - Comparing outputs and a series of citation indicators, including field-normalized citation impact, share of highly cited papers (top 10%) and trends in open access research.

3. Methodology

3.1 Data sources

Nature Research Intelligence used Dimensions as the main data source for this report. Dimensions is the world's largest curated abstract and indexing database housing more than 167 million research publications — including open access publications — in over 200 sciences, social sciences, arts and humanities disciplines. The database also includes conference proceedings, patents, policy documents, clinical trials and research grants data. Each research output is curated by Dimensions with multiple metadata fields — article title, author name, year of publication, journal name and reference list — which allows for a comprehensive analysis of research output, citation networks and collaboration clustering.

3.2 Data extraction

Data extraction took place on the 1st of June 2026 and encompassed a publication range from 2010 to 2025, meaning that the publications included in the final dataset of this report have a publication date within this range. Publication types included in the dataset consist of articles, reviews, conference abstracts, letters to editor, research chapters, conference papers, editorials, other journal content, correction erratums and reference work.

To maximize the precision, recall and robustness of the analyzed dataset, IHI JU and IMI funded papers were extracted using a combination of the three search strategies outlined below. This approach ensured that the results of this report track the historical data points identified in previous reports. Notably, the combined use of these search strategies resulted in additional publications being identified for almost every year from 2010 when compared to the publications identified in previous bibliometric evaluations.

3.2.1 Search strategies used to identify IHI JU/IMI funded publications

IHI JU/IMI-related search

A search was conducted across titles, abstracts, funding section and acknowledgements using the following keywords:

"innovative medicines initiative", "innovative medicine initiative", "innovativemedicine initiative", "innovativemedicines initiative", "innova-tive medicines initiative", "innovative medicinesinitiative", "innovative medicines initia-tive", "innovative medicines joint", "innovative medicine joint", "innovative medicines innitiave", "innovative health initiative", "-imi1", "imi-", "imi1-", "imi2-", "-imi2 consortium", "-imi2", "eu imi", "eu-imi", "imi funded", "imi-funded", "imi grant", "imi-grant", "imi ju", "imi-ju", "imi2 joint", "imi2 ju", "imi2-ju", "imi2 pro", "-imi2-", "imi project", "imi_ju", "imi2_ju", "imi2 grant", "grant imi", "grant imi/", "grant imi-", "grant imi_", "imi, eu-", "imi2, eu-", "imi, eu", "imi2, eu"

IHI JU/IMI project name search

All IHI JU/IMI funded projects are assigned a unique project name and it is common for researchers to include their project name in associated research publications.

Project names and acronyms were therefore sourced from IHI JU/IMI and searched across titles, abstracts, funding references and acknowledgements.

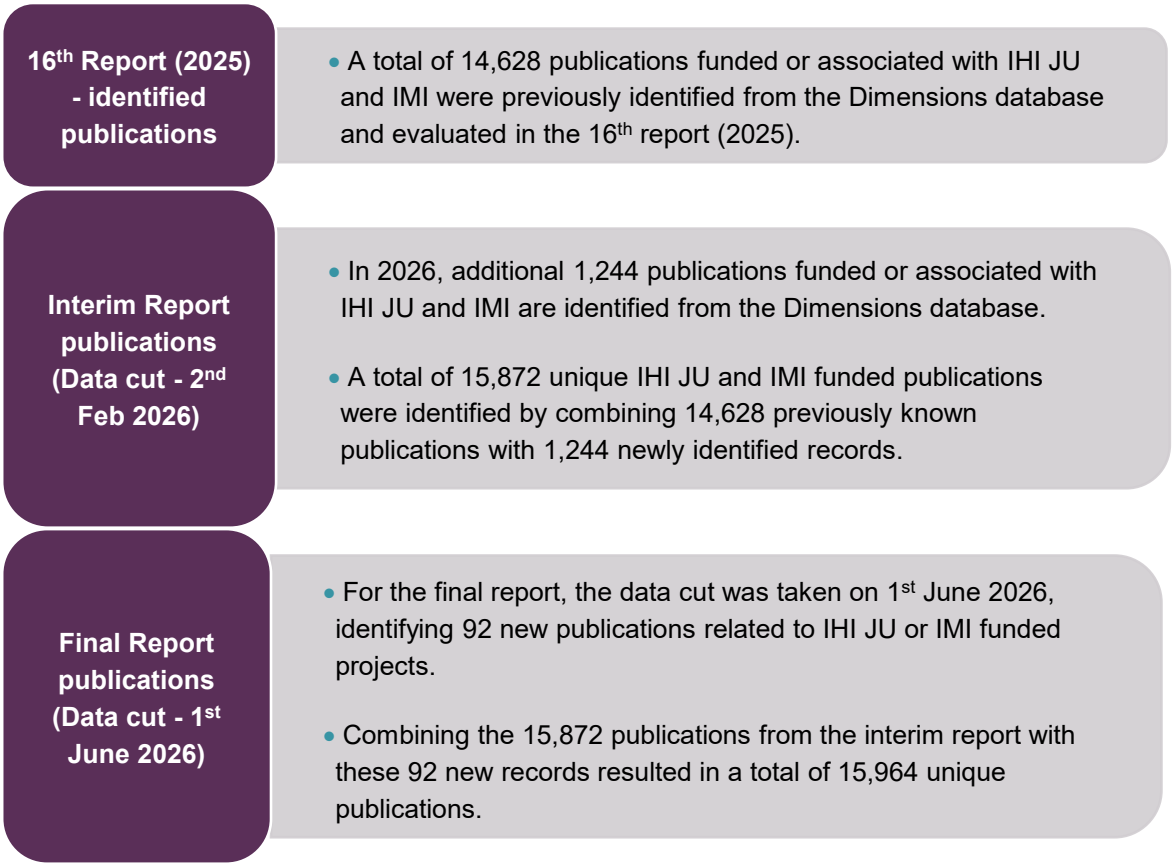
Some IHI JU/IMI project names, such as Protect, Direct, Decision and Advance are terms commonly used in the titles and abstracts of research publications; these project names were combined with the IHI JU/IMI related keywords listed above to reduce false positives in the dataset.

IHI JU/IMI project number search

All IHI JU/IMI funded projects are assigned a unique project number which will often appear in relevant research publications. As with project names, project numbers were sourced from IHI JU/IMI and searched across funding references and acknowledgements.

3.2.2 Process and outcome for creating the final IHI JU/IMI dataset

The 16th IHI JU/IMI bibliometric report, which was published in 2025, included 14,628 publications from the Dimensions database. An additional 1,244 publications were identified for the IHI JU/IMI interim report in February 2026, resulting in a total of 15,872 publications. A further 92 publications were added in June 2026, taking the total number of unique publications for this final report to 15,964.



3.2.3 Process for research attribution for analysis

Publications in Dimensions are indexed with metadata fields based on information supplied by the publisher to the databases directly from the publication. Examples of these fields include research categories or fields, institutions, funder, country and sector or stakeholder. The assignment of metadata fields ensures that publications included in the analysis are directly linked or attributed to these fields for analysis of funder, country, sector/stakeholder comparators. For example, if an IHI JU publication is identified with one author being affiliated to an organization in Sweden, and a second author affiliated to an organization in Australia, this publication would be assigned in the analysis as an international collaboration. However, some publications may not have all metadata fields populated in Dimensions. As a result, a publication with a missing metadata field may not be included for analyzes which require this information. For example, if a

publication has no 'sector' metadata information, then this publication will not be included in sectoral analyses.

International funder comparators

A benchmarking analysis (see section 8) has been included in this report to compare the bibliometric performance of research funded by other international funders compared to IMI funded research.

To conduct this benchmark analysis, the research output funded by the ten comparative international funders was extracted using data from Dimensions (Table 3.1). Publications for each comparator funders were identified using a search of those respective comparator funders which are mentioned in the Dimensions metadata.

Table 3.1: Comparative international research funders used for 2026 benchmarking analysis

Comparator Funder
Commonwealth Scientific and Industrial Research Organization (CSIRO)
Critical Path Institute (C-Path)
Grand Challenges in Global Health (GCGH)
National Institutes of Health (NIH)
Foundation for the National Institutes of Health (FNIH)
Indian Council of Medical Research (ICMR)
Medical Research Council (MRC)
Wellcome Trust (WT)
National Health and Medical Research Council (NHMRC)
Japan Agency for Medical Research and Development (AMED)

European funding programme comparators

A comparative analysis has been included to assess the research performances of IMI and IHI JU funded publications compared to publications resulting from the European Research Council and European funding programmes; FP7, Horizon 2020 and Horizon Europe. The research output dataset for FP7 and Horizon 2020 was created using a combined approach through official EU project records (CORDIS) and by mining funding references and acknowledgements in the Dimensions database for relevant programme terms (e.g., "FP7", "Horizon 2020" and "Horizon Europe"). This method addresses gaps in metadata and ensures broader, more accurate coverage of EU-funded research, supporting a more robust cross-programme comparison.

3.3 Data analysis

Research performance is commonly assessed using an array of bibliometrics. Research outputs accumulate citations over time when included in a reference list in more recent research, with citations indicating the value or influence that a publication has had on subsequent research. Using the research outputs derived from IHI JU and IMI projects as a starting point, the associated citations they receive from the academic community form the primary analytical method used for this evaluation.

Bibliometric indicators should always be used with a degree of caution as some fields publish at faster rates than others and some fields tend to have higher citation rates. For that reason, it is beneficial to normalize citation data where applicable. Normalization of data has been applied to this report where appropriate and the mean field-normalized citation impact has been used. It is calculated by dividing the total citations count

by the expected citations count for publications within the same document type, year of publication and subject area. Values over 1 indicate that publications are cited more than would be expected.

Finally, collaboration analysis was also used in this report and was completed using co-authorship metadata of research papers.

> *See Annex 1 for an overview of the data limitations, a data and metrics glossary, as well as stakeholder type and industry sector classifications.*

Innovative Health Initiative Joint Undertaking Results

4. Impact of IHI JU funded research

Sections 4.1 to 4.8 of this report showcase the impact of IHI JU funded research publications to date, dissecting IHI JU funded research by document type and exploring open access publishing trends. The geographical landscape of IHI JU project publications is then identified, followed by a breakdown of the IHI JU projects that have generated publications to date. The citation performance of IHI JU funded research is then benchmarked against selected regions (EU27 and the World) and comparative funding programmes (Horizon Europe). The section closes with a view of the journals in which IHI JU publications appear and their associated research disciplines.

Key highlights:

- There have been 239 IHI JU funded publications to date across 128 distinct journals.
- Research has been published across 32 funded projects.
- IHI JU publications (2.72) have yielded citation impact more than double that of European (EU27) publications (1.17).
- Close to 90% of IHI JU funded research has been published via open access to date.
- IHI JU funded research already spans 62 countries in Europe, North America, South America, Africa and the Asia-Pacific region.
- The top five countries publishing IHI JU funded research are Germany, the United Kingdom, the Netherlands, Sweden and the United States.

4.1 Summary analysis for IHI funded research

IHI JU funded research projects have produced 239 publications to date yielding a citation impact more than double the world average (2.72). Of the 202 papers published, almost all papers (95%) have been published as open access and almost half (44.1%) of those papers are considered highly cited (Table 4.1.1).

Table 4.1.1: Summary of citation analysis for IHI JU supported research papers, 2023-2025

Number of Publications	Number of Papers	Total Citations of Papers	Raw Citation Impact	Mean Field-Normalized Citation Impact*	Mean Journal Normalized Citation Impact	% of Highly Cited Papers	% of Open Access papers
239	202	2,506	12.41	2.72	1.32	44.1%	95.0%

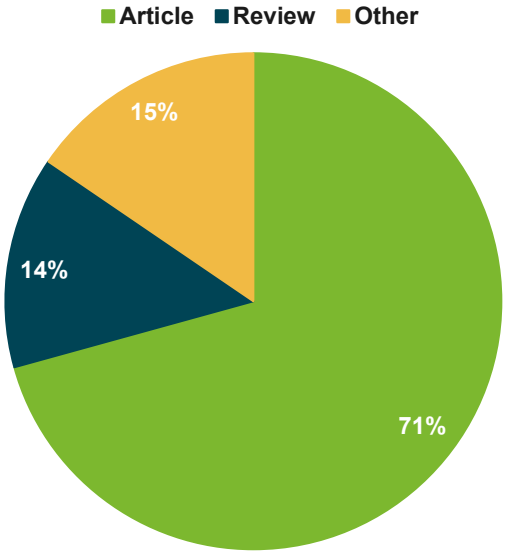
*The mean field-normalized citation impact is calculated by dividing the total citations count by the expected citations count for publications with the same document type, year of publication and subject area. When a publication is assigned to more than one subject area, the harmonic average is used. Values over 1 indicate that publications are cited more than would be expected. Caution should be exercised with the field-normalized citation impact result for IHI JU funded publications given the small number of papers.

See Annex 1 for the data glossary.

4.2 IHI JU funded publications by document type

Between 2023 and 2025, more than 70% (169) of the publications resulting from IHI JU funding were articles. Thirty-three publications (14%) were reviews, and of the remaining publications shown in figure 4.2.1, there were 12 conference abstracts (5%), eight conference papers (3%), and five research chapters (2%).

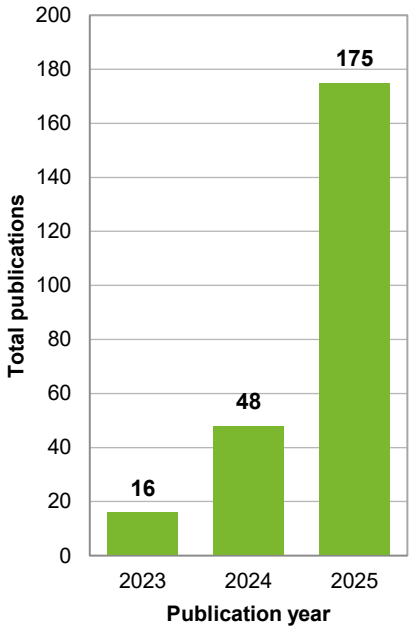
Figure 4.2.1: Percentage of IHI JU project publications by document type, 2023-2025



4.3 Trends in IHI JU funded research

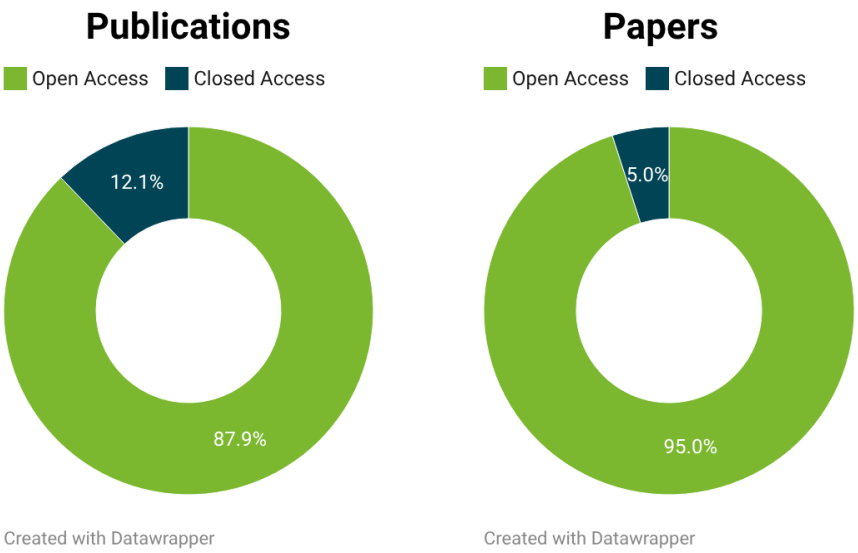
The number of publications for IHI JU funded research more than tripled from 48 in 2024 to 175 in 2025 (Figure 4.3.1).

Figure 4.3.1: Number of publications for IHI JU projects by year, 2023–2025 (total 239)



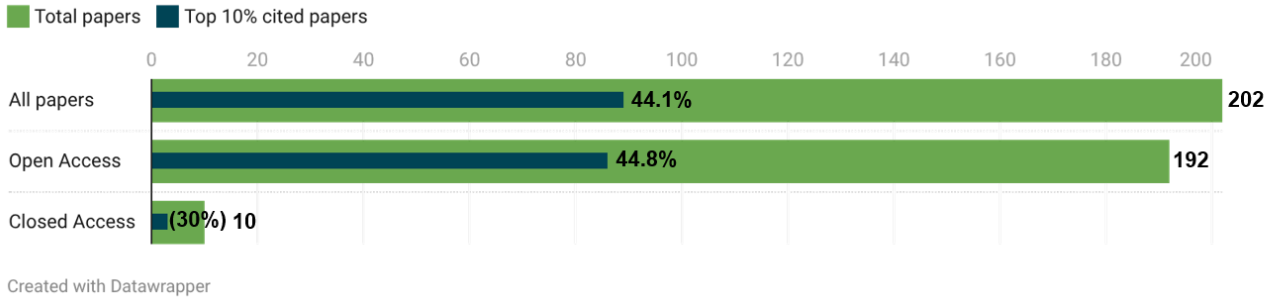
Almost 90% of all IHI JU funded research publications (87.9%) are free to read. When considering papers resulting from IHI JU funding, this increases to 95% open access (Figure 4.3.2). Open access publishing can increase the visibility of IHI JU funded research outside of the academic community.

Figure 4.3.2: Share of open access publishing for IHI JU funded publications and papers[5], 2023–2025



Almost half (44.8%) of open access papers funded by IHI JU are in the top 10% most cited. Of the ten papers published behind a paywall, 30% (3) are in the top 10% most cited.

Fig. 4.3.3: Number of IHI JU papers vs Top 10% cited IHI JU papers, 2023-2025



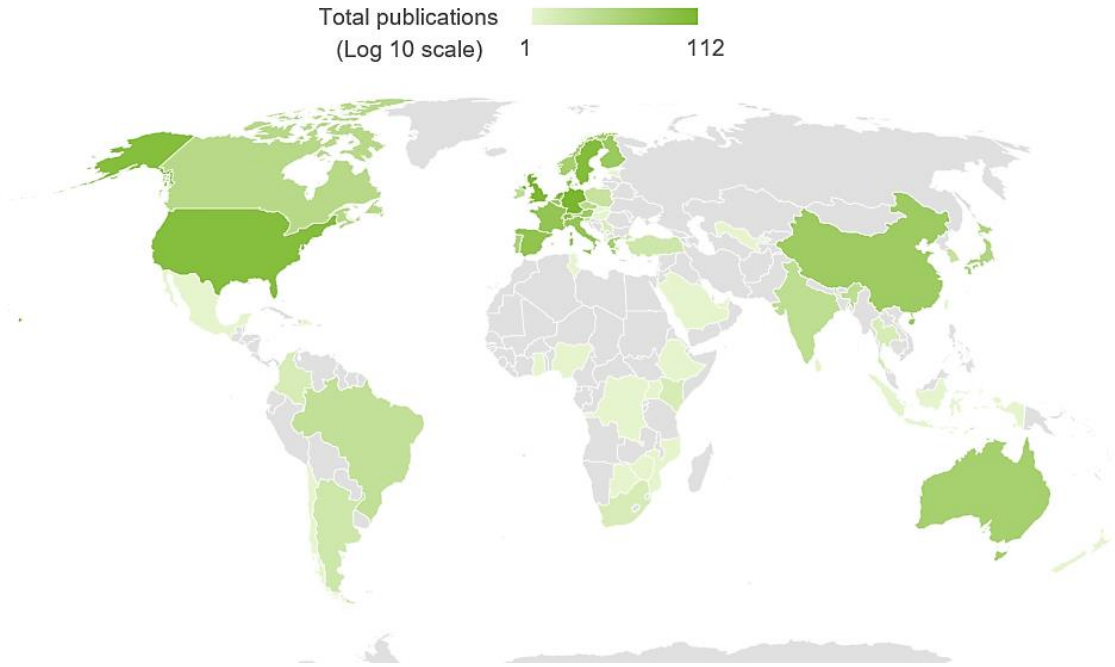
4.4 IHI JU funded publications by country

IHI JU funded research displays global reach with **62 countries** with at least one funded publication (Figure 4.4.1). There are **20 countries** which have ten or more IHI JU funded research publications.

[5] Publication: Includes all content types: articles, reviews, conference abstracts, editorials, letters, conference papers, corrections, other journal content and reference work.

Paper: A subset of publications that only includes substantive research 'articles' and 'reviews' that are peer reviewed.

Figure 4.4.1: Map of countries with at least one publication for IHI JU projects, 2023-2025*



*Publications can be affiliated with multiple countries

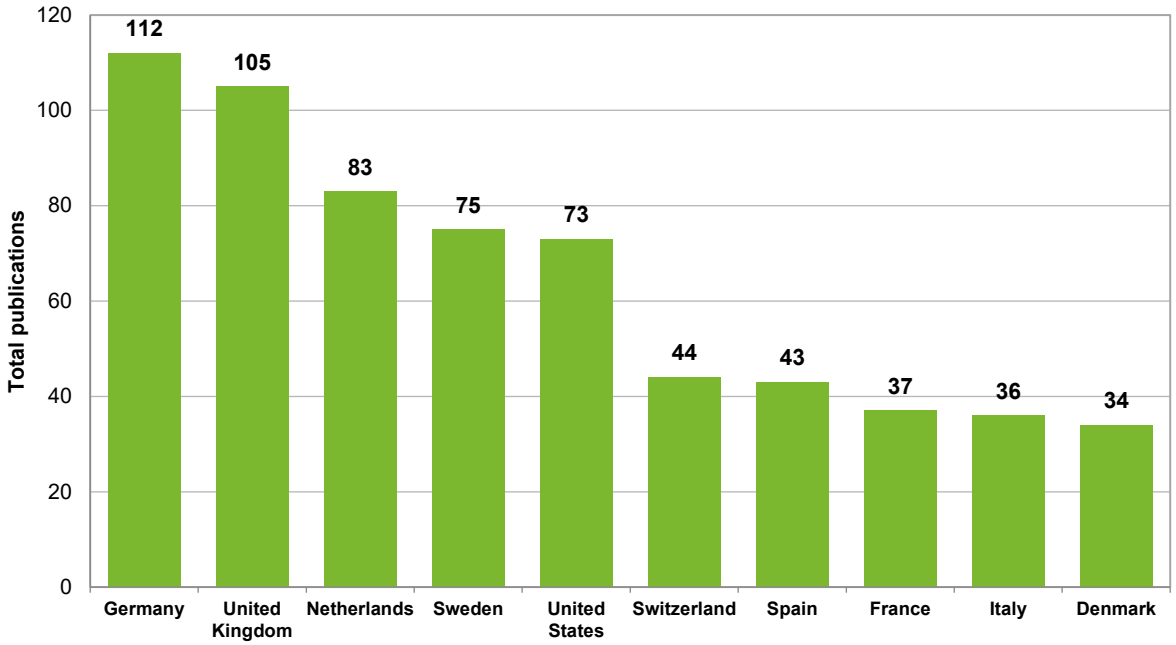
Nature Research Intelligence reports remain neutral with regards to contested jurisdictional claims in published maps and network charts.

For a full list of all countries with at least one IHI JU project publication between 2023 and 2025, see Annex 2, Table A2.1.

Germany leads the geographical landscape by IHI JU publication volume (122), overtaking the United Kingdom (105 publications), who held the top spot in the previous year. The remaining top five countries comprise of the Netherlands (83), Sweden (75) and the United States (73).

The United States is the only non-European country featuring in the top ten by publication volume (Figure 4.4.2). Additional non-European countries appearing in the top 20 include China, with the 14th highest number of publications (25), and Australia features 17th in the list (17).

Figure 4.4.2: Ten countries with the most IHI JU project publications, 2023–2025*

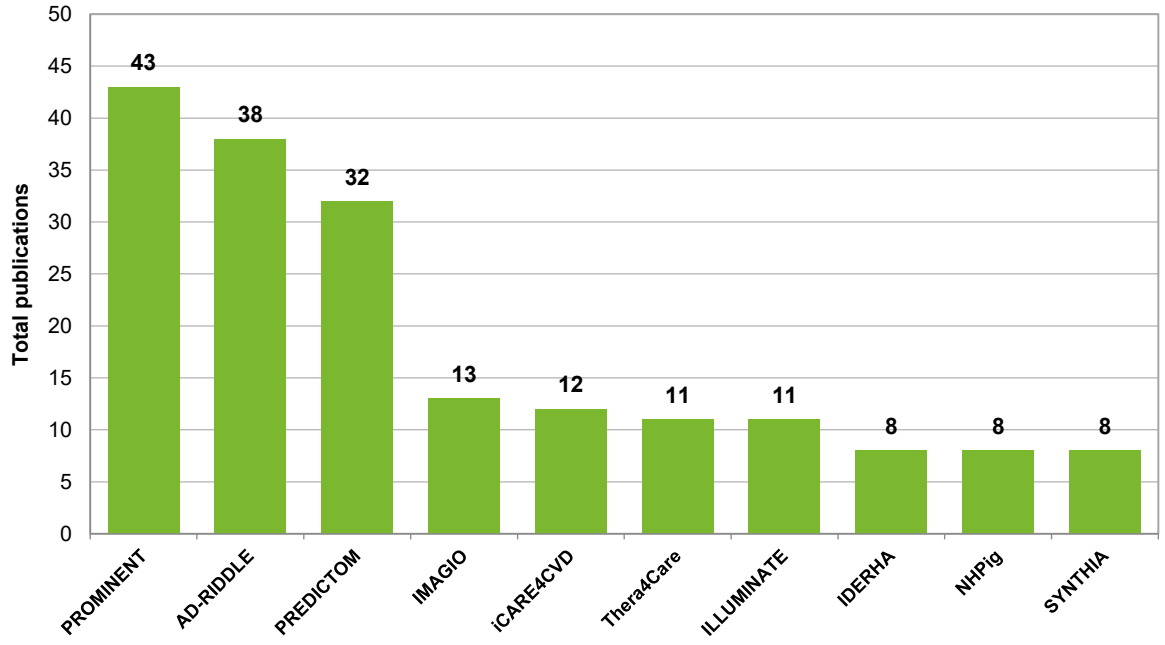


*Publications can be affiliated with multiple countries

4.5 IHI JU funded publication output by project

There have been 32 projects with publications funded by IHI JU. PROMINENT is the project with the highest volume of publications (43). Other projects funded by IHI JU in the top five by publication volume include AD-RIDDLE, PREDICTOM, IMAGIO and iCARE4CVD (Figure 4.5.1). The top three projects all share a common focus of transforming how Alzheimer's disease is detected, diagnosed, treated and/or prevented.

Figure 4.5.1 Top ten IHI JU funded projects with the highest number of publications, 2023–2025*



*Publications can be assigned to multiple projects

Seven of the top ten projects (by publication volume) funded by IHI JU have 100% of papers published as open access. These projects include PROMINENT, AD-RIDDLE, IMAGIO, iCARE4CVD, IDERHA, NHPig and SYNTHIA (Table 4.5.1).

Table 4.5.1: Top 20 IHI JU projects by publications, open access publishing and impact, 2023–2025

Projects	Number of Publications	Citations per Publications	Number of Papers	Number of Open Access Papers	% of Open Access Papers	Mean Field-Normalized Citation Impact of publications
PROMINENT	43	9.67	41	41	100.0%	2.27
AD-RIDDLE	38	10.95	37	37	100.0%	2.79
PREDICTOM	32	15.28	23	22	95.7%	3.87
IMAGIO	13	20.54	13	13	100.0%	5.60
iCARE4CVD	12	9.58	11	11	100.0%	2.23
Thera4Care	11	7.82	10	8	80.0%	1.93
ILLUMINATE	11	7.09	10	8	80.0%	1.90
IDERHA	8	17.88	7	7	100.0%	3.45
NHPig	8	14.75	7	7	100.0%	2.82
SYNTHIA	8	10.38	6	6	100.0%	5.23
CLAIMS	8	5.25	8	7	87.5%	1.11
RealiseD	8	1.63	7	5	71.4%	0.62
EDENT1FI	7	10.71	5	5	100.0%	2.84
LIVERAIM	6	18.33	5	4	80.0%	3.59
GRIPonMASH	5	12.00	5	5	100.0%	2.46
VICT3R	5	7.60	5	4	80.0%	1.46
GUIDE.MRD	4	19.00	1	1	100.0%	5.82
VIROMARKERS	4	2.00	4	4	100.0%	1.27
GREG	4	0.00	0	0	0.0%	0.00
IMPROVE	3	7.33	3	3	100.0%	1.35

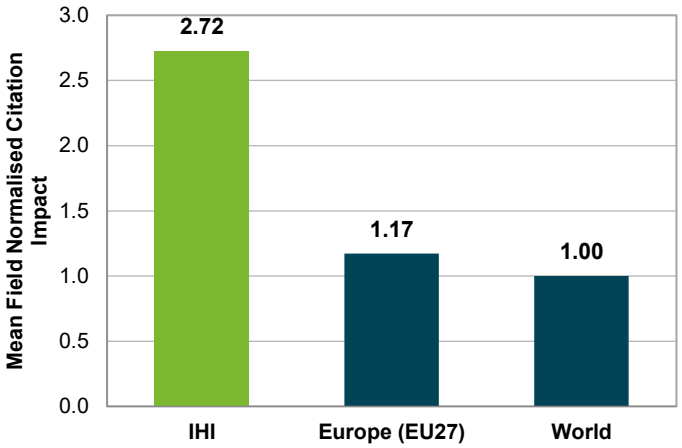
For a listing of all IHI JU funded projects by publications, open access publishing and impact, see Annex 2, Table A2.2.

4.6 Citation analysis for IHI JU funded research

The number of citations a paper receives is at least partly determined by the field to which it relates and the year of publication. Papers published about disciplines such as biomedicine and social sciences typically receive more citations than papers published in engineering, and older publications tend to accumulate higher citation counts than more recent research because they have had more time to accrue them. In this analysis, the field-normalized citation impact is used to allow comparison between years and research fields.

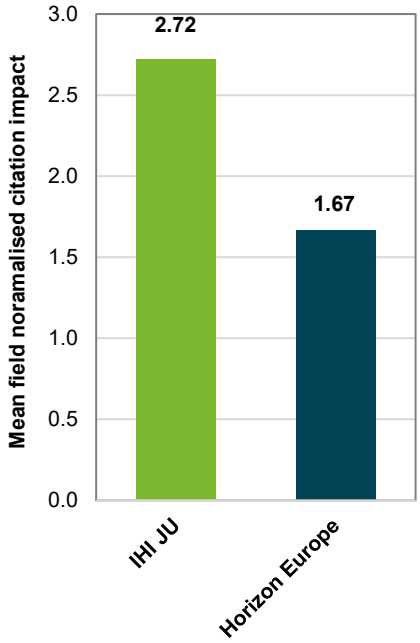
IHI JU papers had a field-normalized citation impact (2.72) almost three times that of the world average (1.00), and more than double that of the EU27 (1.17) (Figure 4.6.1).

Figure 4.6.1: Field-normalized citation impact for IHI JU supported research papers compared to the average for EU27 and the world, 2023–2025



Despite the much lower volume of publications than for Horizon Europe, the field-normalized citation impact for IHI JU publications (2.72) is 63% greater than Horizon Europe (Figure 4.6.2).

Figure 4.6.2: Field-normalized citation impact across funding programmes, 2023–2025*



*Heterogeneity exists in the time periods for which these funding programmes operate; therefore, direct comparisons of publication volumes generated should be approached with caution. Data for the IHI JU programme is collected for 2023-2025, while Horizon Europe covers 2021-2025.

** Caution should be exercised with the field-normalized citation impact result for IHI JU funded publications given the small number of papers.

4.7 Journals in which IHI JU funded research is most frequently published

IHI JU funded research (239 publications) has been published in 128 distinct journals (Table 4.7.1). Of all the journals in which IHI JU research has been published, 88 are quartile one (Q1) journals – the top 25% of journals in their subject category – while 24 are quartile two journals. The highest ranked journal by 2024 impact factor to have featured an IHI JU publication was The Lancet (88.5), followed by Nature Reviews Clinical Oncology (83.2).

Table 4.7.1: Top 20 journals in which IHI JU project publications appear (ranked by number of publications), 2023-2025*

Journal	Number of Publications	Number of Papers	Citations per Publication	Mean Journal Normalized Citation Impact	Journal Impact Factor (2024)	Quartile Rank
Alzheimer's & Dementia	19	12	30.26	1.56	11.1	Q1
The Journal of Prevention of Alzheimer's Disease	10	10	30.60	1.38	7.8	Q1
Journal of Medical Internet Research	7	7	5.86	0.96	6	Q1
Alzheimer's Research & Therapy	5	5	11.60	1.13	7.6	Q1
Alzheimer's & Dementia Diagnosis Assessment & Disease Monitoring	5	5	3.80	0.92	0	0
EBioMedicine	4	4	10.75	0.77	10.8	Q1
European Journal of Nuclear Medicine and Molecular Imaging	4	4	10.25	1.35	7.6	Q1
BMJ Open	3	3	18.00	5.43	2.3	Q2
Journal of Clinical Oncology	3	1	10.33	0.66	43.4	Q1
Seminars in Nuclear Medicine	3	3	10.00	0.94	5.9	Q1
Journal of Alzheimer's Disease	3	3	3.33	0.47	3.1	Q2
The Lancet Oncology	2	2	101.50	3.92	35.9	Q1
European Journal of Neurology	2	2	95.00	1.78	3.9	Q1
JAMA Neurology	2	2	62.00	0.83	21.4	Q1
BMC Medical Informatics and Decision Making	2	2	47.50	1.87	3.8	Q2
The Lancet	2	1	46.50	1.75	88.5	Q1
Scientific Reports	2	1	35.50	4.25	3.9	Q1
European Journal of Heart Failure	2	2	32.00	2.06	10.8	Q1
The Lancet Healthy Longevity	2	2	24.00	0.96	14.6	Q1
European Heart Journal	2	1	22.00	1.54	35.7	Q1

*Mean Field-Normalized Citation Impact not calculated due to small publication volumes per journal.

4.8 Research fields accounting for the highest volume of IHI JU project publications

The leading five research fields for IHI JU funded research include: Clinical Sciences (111); Neurosciences (43); Biological Psychology (35); Health Services and Systems (34); and Oncology and Carcinogenesis (19). For the top 20 research fields by number of publications (Table 4.8.1), Pharmacology and Pharmaceutical Sciences lead by a measure of citations per publication (27.33), followed by Genetics (26.25). Public Health has the highest proportion of highly cited papers (75%).

Table 4.8.1: Citation indicators of IHI JU funded research across the top 20 research fields (ranked by number of publications), 2023–2025*

Research Field	Number of Publications	Number of Papers	Citations per Publication	Mean Field-Normalized Citation Impact of Publications	Highly Cited Papers (Top 10% cited)	% Highly Cited Papers (Top 10% cited)
Clinical Sciences	111	94	11.34	2.63	48	51.06%
Neurosciences	43	36	13.49	2.27	21	58.33%
Biological Psychology	35	28	10.26	2.17	14	50.00%
Health Services and Systems	34	33	12.85	3.48	13	39.39%
Oncology and Carcinogenesis	19	17	9.47	2.49	6	35.29%
Cognitive and Computational Psychology	8	8	12.88	1.87	5	62.50%
Immunology	8	8	4.75	1.27	1	12.50%
Biochemistry and Cell Biology	7	6	2.57	0.49	0	0.00%
Cardiovascular Medicine and Haematology	5	3	9.00	2.77	2	66.67%
Epidemiology	5	5	5.60	0.99	1	20.00%
Genetics	4	4	26.25	4.27	2	50.00%
Public Health	4	4	15.00	3.13	3	75.00%
Data Management and Data Science	4	3	5.75	0.75	0	0.00%
Allied Health and Rehabilitation Science	4	4	1.50	0.68	1	25.00%
Machine Learning	4	1	0.50	0.66	0	0.00%
Pharmacology and Pharmaceutical Sciences	3	3	27.33	3.31	2	66.67%
Nursing	3	3	3.67	1.41	1	33.33%
Biomedical Engineering	3	2	2.67	0.96	0	0.00%
Medical Microbiology	2	2	7.00	1.11	0	0.00%
Medical Physiology	2	2	3.00	0.85	0	0.00%

*Publications can be assigned into multiple research fields

5. Collaboration profile of IHI JU funded research

Sections 5.1 to 5.6 of this report showcase the output of IHI JU funded papers by examining their collaboration profile, focusing on collaborations across stakeholder types[6], industrial sectors[7] and countries. This collaboration profile was assessed by IHI JU project level and contributing sector, stakeholder type and country[8].

Key highlights:

- 86% of IHI JU funded papers are the result of cross-stakeholder collaborative work, driven largely by partnerships between research organizations and healthcare providers.
- Cross-industry sector collaborations only account for a quarter (25%) of the production of IHI JU funded papers.
- IHI JU funded papers having five or more affiliated countries are recording citation rates of more than four times the world average (4.12).
- The United Kingdom and Germany lead for the number of internationally collaborated IHI JU funded papers. International collaborations involving Spain are currently recording the highest field-normalized citation impact (4.87) within the top ten country-level collaborations.

5.1 Collaboration profile of IHI JU funded papers

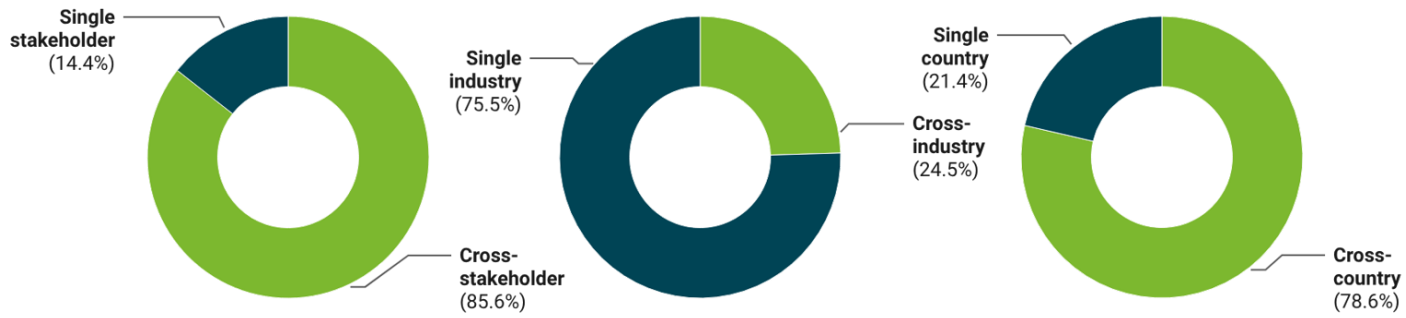
IHI JU funded papers are the result of collaborative work. Cross-stakeholder collaborations are present in 86% of the published papers and cross-country collaborations in almost 80% of papers (Figure 5.1.1). To date, 25% of papers have a cross-industry collaboration.

[6] IHI stakeholders include: Research / higher or secondary education organizations, Healthcare professional organization / Healthcare provider, Small & medium enterprise (SME), Large company (for-profit legal entity), Charities and Foundations, Patient / Citizen organization, Public authority, Non-governmental organizations (NGOs), Health care payers

[7] IHI industrial sectors include: Pharmaceutical, Biopharmaceutical, Medical (and digital health) technology, Biotechnology (non-pharma)

[8] Publications in Dimensions are indexed with metadata fields based on information supplied by the publisher to the databases directly from the publication. Examples of these fields include research categories or fields, institutions, funder, country and sector or stakeholder. The assignment of metadata fields ensures that publications included in the analysis are directly linked or attributed to these fields for analysis of funder, country, sector/stakeholder comparators. For example, if an IHI JU publication is identified with one author being affiliated to an organization in Sweden, and a second author affiliated to an organization in Australia, this publication would be assigned in the analysis as a cross-country collaboration. However, some publications may not have all metadata fields populated in Dimensions. As a result, a publication with a missing metadata field may not be included for analyses which requires this information. For example, if a publication has no 'sector' metadata information, then this publication will not be included in sectoral analyses.

Figure 5.1.1 Collaboration profiles for IHI JU funded papers, 2023-2025



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See Annex 3, Table A3.1 for the associated data table of collaboration profiles for IHI JU funded papers.

5.2 Collaboration profile of IHI JU funded papers across stakeholder types

IHI JU funded projects exhibit collaboration across stakeholder types. Of all the stakeholders involved thus far, research organizations have contributed the most, co-authoring 170 (99%) of IHI JU funded cross-stakeholder papers to date (Table 5.2.1). High collaboration is also noted by healthcare organizations and providers (93%). There have also been reasonable contributions from large companies (22%) and small & medium enterprises (15%).

Table 5.2.1: Collaboration across stakeholder types for IHI JU funded papers, 2023-2025

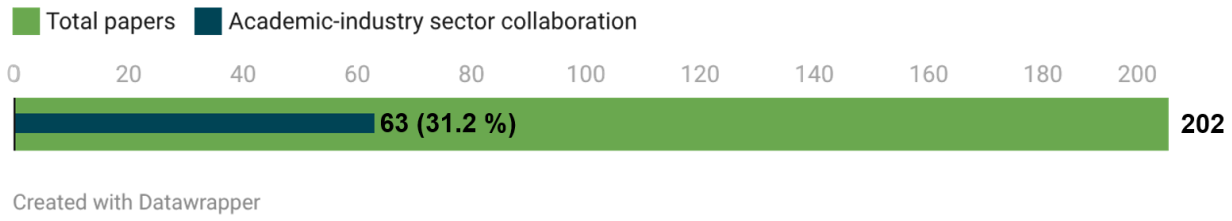
Stakeholder	Number of Cross-Stakeholder Collaborated IHI Papers	% of Cross-Stakeholder Collaborated IHI Papers (n=172)	Mean Field-Normalized Citation Impact
Research	170	98.8%	2.61
Healthcare professional organisation / Healthcare provider	160	93.0%	2.67
Large Company	37	21.5%	2.31
Small & Medium Scale Enterprise	26	15.1%	2.21
Charity & Foundation	19	11.0%	3.65
Patient / Citizen Organisation	8	4.7%	1.65
Public authority	7	4.1%	4.29
Non-governemental organisations (NGOs)	5	2.9%	2.18
Healthcare Payer	1	0.6%	1.36
Regulators or regulatory body	1	0.6%	1.04

See Annex 1, Table A1.2 for stakeholder type definitions.

5.3 Academic to industrial sector collaboration profile of IHI JU funded publications

An analysis into the collaborations between academia and industry reveals that approximately one third (31%) of IHI JU publications consist of co-authorships between institutions in both academia and an industrial sector (Figure 5.3.1).

Figure 5.3.1 Academic to industrial sector collaboration for IHI JU funded publications, 2023-2025

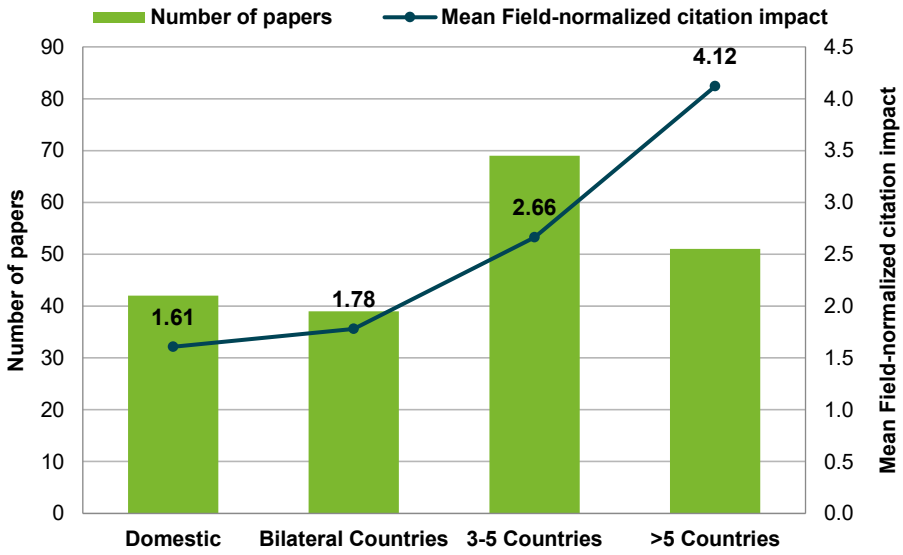


See Annex 1, Table A1.3 for sector type definitions.

5.4 Impact of domestic and international collaboration of IHI JU funded papers

For internationally collaborated papers, a positive relationship exists between the number of countries affiliated with an IHI JU funded research paper and the field-normalized citation impact of that paper, indicating the strength of cross-country research partnerships (Figure 5.4.1). IHI JU funded papers which have five or more affiliated countries have citation rates more than four times the world average (4.12). This citation impact is more than double that of IHI JU funded papers which only feature bilateral collaborators (1.78).

Figure 5.4.1: Collaboration citation performance for IHI JU funded papers by number of affiliated countries, 2023–2025



5.5 Collaborations between EU and non-EU countries for IHI JU funded publications

IHI JU projects connect the EU with research hotspots around the world. The United Kingdom (104), United States (72) and Switzerland (43) lead country affiliations from IHI JU funded publications involving collaborations between EU and non-EU countries. China, Norway, Australia, Japan, Canada, India, and Brazil are the other countries to feature in the top ten. Among the top ten non-EU countries, IHI JU funded publications involving collaborations between Australia and at least one EU country recorded the highest field-normalized citation impact at more than nine times the world average (9.14). Beyond the top ten, collaborations between Turkey and at least one EU country recorded the highest field-normalized citation impact at more than eighteen times the world average (18.34), albeit from a small publication base (n=3). Figure 5.5.1 shows the extent of the collaboration network between EU and non-EU countries for collaborations with at least two publications.

Figure 5.5.1: Collaborations between EU and non-EU countries for IHI JU funded research with at least 2 publications, 2023–2025



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*The width of the lines indicates the volume of IHI-JU funded research between EU27 and non-EU countries
**The data on which this figure is based only includes publications with a DOI
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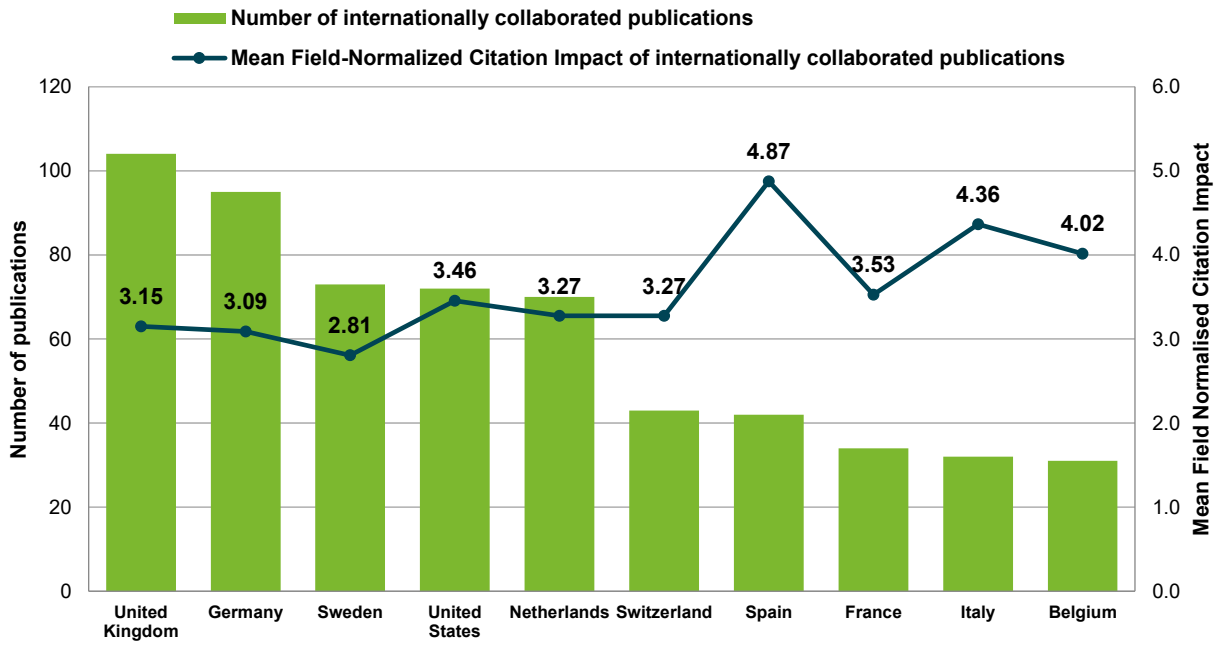
See Annex 3, Table A3.2 for a detailed list of the countries collaborating with EU countries ranked by number of publications.

5.6 Collaboration profile of IHI JU funded publications across countries

The leading five countries by a count of IHI JU funded publications involving collaboration with at least one other country (termed “international collaboration”) include: the United Kingdom (104); Germany (95);

Sweden (73); the United States (72); and the Netherlands (70). Ranking the top ten countries in this landscape by mean field-normalized citation impact shows Spain leading (4.87), followed by Italy (4.36) and Belgium (4.02) respectively (Figure 5.6.1).

Figure 5.6.1: Country-level collaborations for IHI JU funded research (ranked by number of publications), 2023–2025



See Annex 3, Table A3.3 for the associated data table of countries contributing to internationally collaborated IHI JU funded papers.

See Annex 3, Table A3.4 for a list of the top ten city clusters for IHI JU funded research and the volume of international collaboration publications (with a minimum of five publications).

Innovative Medicines Initiative Results

6. Impact of IMI funded research

Sections 6.1 to 6.9 of this report showcase the impact of IMI funded research publications, dissecting IMI funded research by document type and exploring open access publishing trends. The geographical landscape of IMI project publications is then identified, followed by a breakdown of IMI projects that have generated publications. The citation performance of IMI funded research is then benchmarked against selected regions (EU27+UK and the World) and comparative funding programmes (FP7 and Horizon 2020). The section closes with a view of the journals in which IMI publications appear and their associated research disciplines.

Key highlights:

- IMI2 funded research has been cited at a rate that is two and a half times the global average (2.47), based on comparison with citations for publications with the same document type, year of publication and subject area.
- Approximately 1,400 IMI funded publications were produced per year, on average, in the past five years.
- The United Kingdom drives country-level publishing of IMI funded research, accounting for 43% of the global volume mix.
- EU-AIMS is the leading IMI project by number of affiliated research outputs (850 publications).
- IMI funded research is cited more than twice as much as the world average (with a normalized citation impact of 2.28) and exceeds the citation impact of research in the EU27+UK by 88%.

6.1 Summary analysis for IMI funded research

IMI funded research projects continue to produce a significant number of publications, reaching 15,752 outputs to date. In 2025, IMI projects generated 1,109 publications. Over the past five years, an average of 1,416 publications per year have been produced. IMI2 projects have gathered the highest proportion of highly cited papers at 33.8% (Table 6.1.1).

Table 6.1.1: Summary of citation analysis for IMI supported research papers, 2010-2025

	Number of Publications	Number of Papers	Total Citations of Papers	Raw Citation Impact of Papers	Mean Field-Normalized Citation Impact**	Mean Journal Normalized Citation Impact	% of Highly Cited Papers	% of Open Access Papers
IMI1	8,216	7,489	546,739	73.01	2.08	1.15	28.1%	77.6%
IMI2	7,530	6,799	278,985	41.03	2.47	1.27	33.8%	93.8%
All IMI*	**15,752**	**14,232**	**841,550**	**59.13**	**2.28**	**1.21**	**30.9%**	**84.9%**

*558 publications that have been identified as IMI publications do not specify a project in the funding acknowledgements, so these have been labeled as IMI unclassified. Some publications belong to both IMI1 and IMI2.

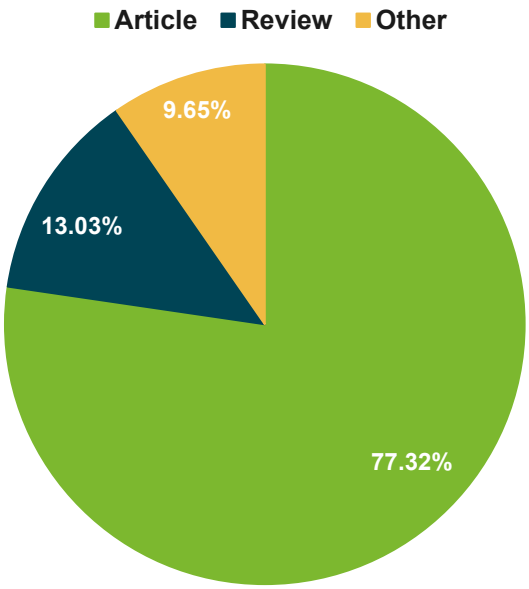
**The mean field-normalized citation impact is calculated by dividing the total citations count by the expected citations count for publications with the same document type, year of publication and subject area. When a publication is assigned to more than one subject area, the harmonic average is used. Values over 1 indicate that publications are cited more than would be expected.

See Annex 1 for the data glossary.

6.2 IMI funded research by document type

IMI funded research projects have resulted in 15,752 unique publications. Of these publications, 12,179 were articles (77.3%) and 2,053 were reviews (13.0%) collectively referred to as 'papers' (Figure 6.2.1). A further 1,520 publications (9.7%) are accounted for by 'other' document types, comprising 522 conference abstracts, 227 letters, 194 research chapters, 146 conference papers, 139 editorials and other journal content, 18 corrections and 15 reference works. There were 235 publications with no document assignment.

Figure 6.2.1: Percentage of IMI funded research publications by document type, 2010–2025

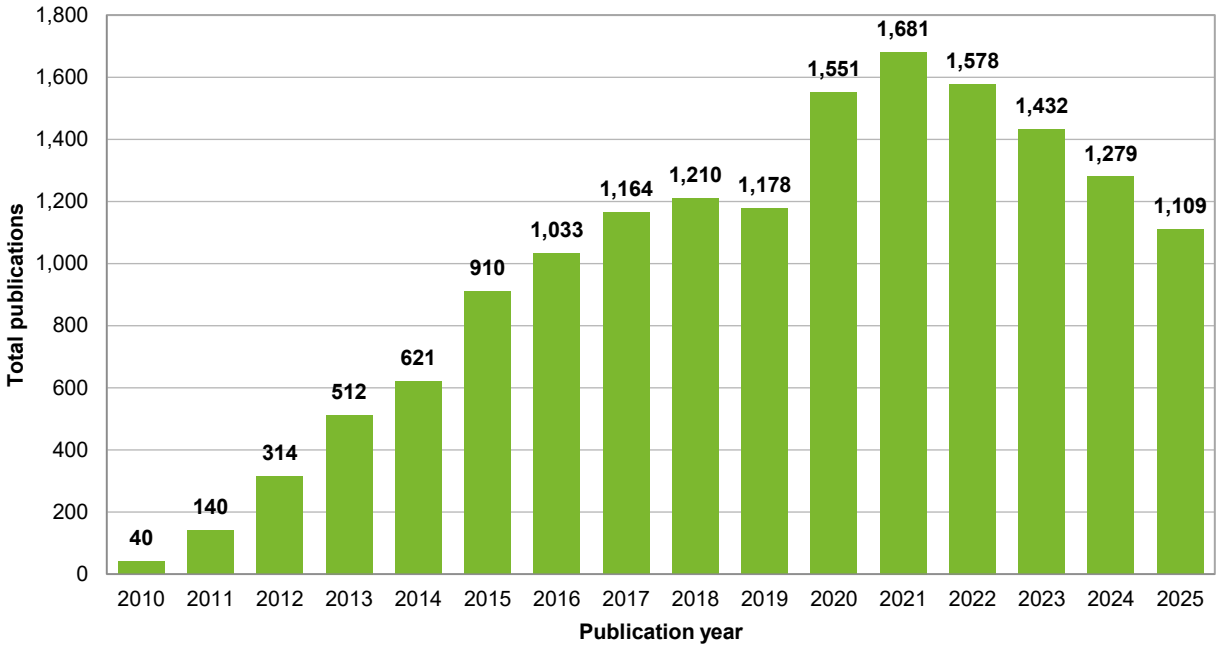


See Annex 4, Figure A4.1 for a breakdown of IMI funded research publication share by document type, each year between 2010 and 2025.

6.3 Trends in IMI funded research

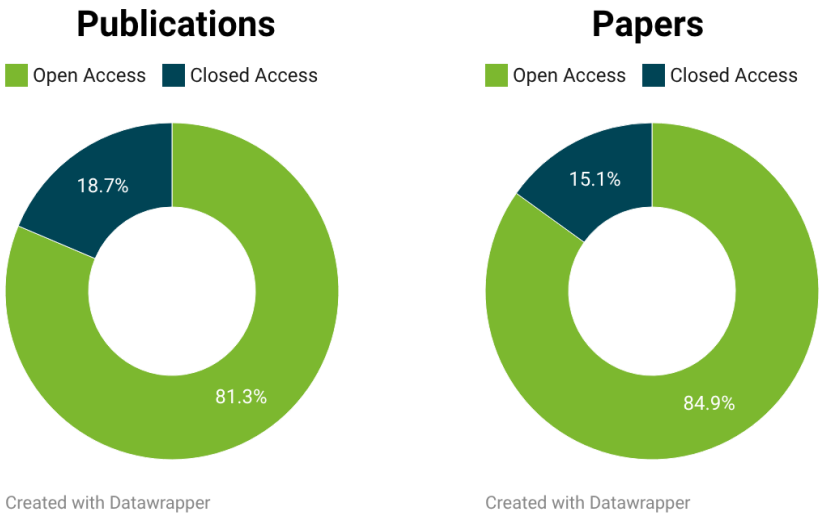
The publishing growth of IMI funded research between 2010 and 2025 has been impressive, achieving a 24.8% publication compound annual growth rate (CAGR). As the IMI funding programmes reach maturity, with the IMI2 programme ending in 2020, outputs began to decrease from the 2021 publication peak, falling approximately 34% over the past four years (Figure 6.3.1).

Figure 6.3.1: Number of publications for IMI projects by year, 2010–2025 (total 15,752)



Open access publishing has been strong for IMI funded research, with more than 80% of IMI project publications being free to read (Figure 6.3.2). Research outputs beyond paywalls is likely to improve the visibility of this research outside of the academic domain.

Figure 6.3.2: Share of open access publishing for IMI funded publications and papers[9], 2010–2025

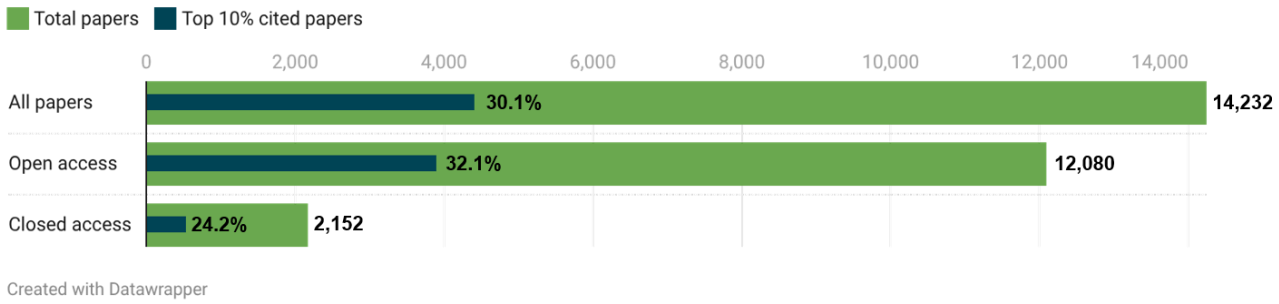


An analysis of IMI funded papers by access type and by top 10% cited papers reveals that the open access papers have a higher proportion of their papers featuring in the top 10% most cited (32.1%) compared to closed access papers (24.2%). This insight highlights the greater impact that is created from publishing via open access (Figure 6.3.3).

[9] Publication: Includes all content types: articles, reviews, conference abstracts, editorials, letters, conference papers, corrections, other journal content and reference work.

Paper: A subset of publications that only includes substantive research ‘articles’ and ‘reviews’ that are peer reviewed.

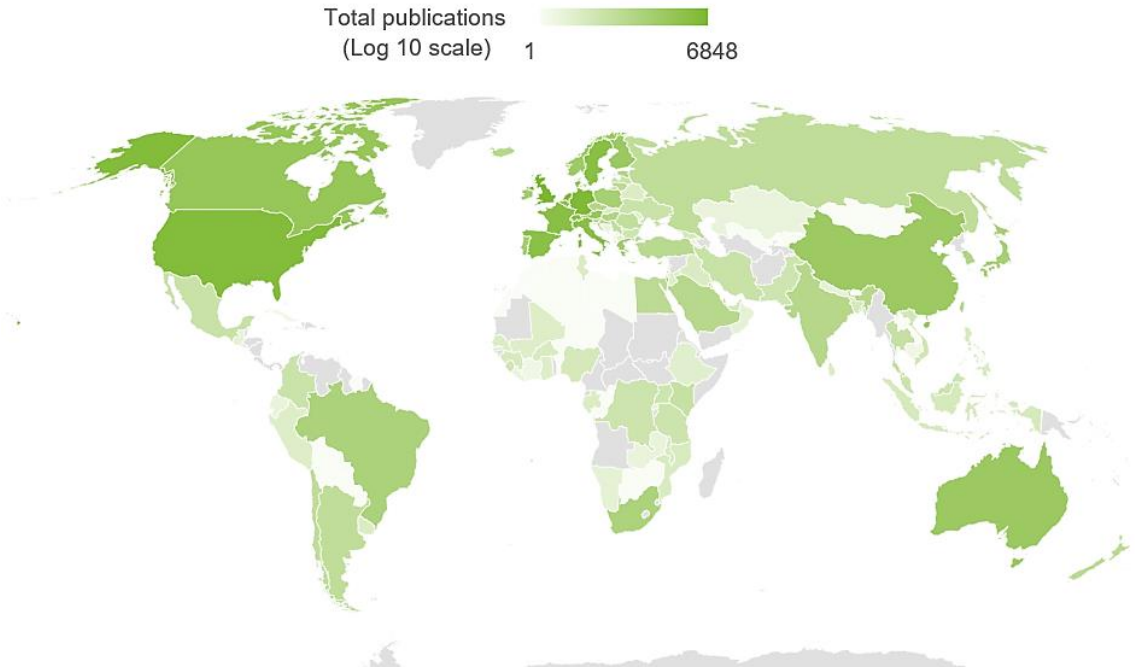
Fig. 6.3.3: Number of IMI papers vs Top 10% cited IMI papers, 2010-2025



6.4 IMI funded publication output by country

The global reach of IMI's research activities was also analyzed. In total, **135 countries** have at least one paper funded by IMI (Figure 6.4.1) and there are **77 countries** which have ten or more IMI funded publications (Figure 6.4.2).

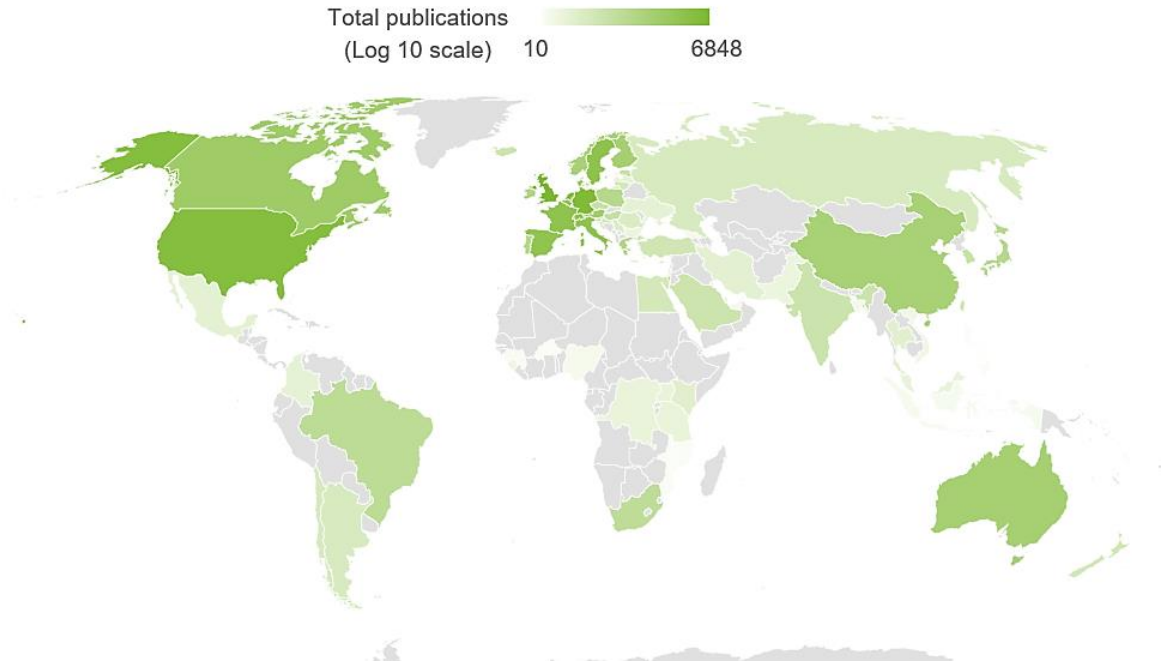
Figure 6.4.1: Map of countries with at least one publication for IMI projects, 2010–2025*



*Publications can be affiliated with multiple countries

Nature Research Intelligence reports remain neutral with regards to contested jurisdictional claims in published maps and network charts

Figure 6.4.2: Map of countries with at least ten publications for IMI projects, 2010–2025*



*Publications can be affiliated with multiple countries

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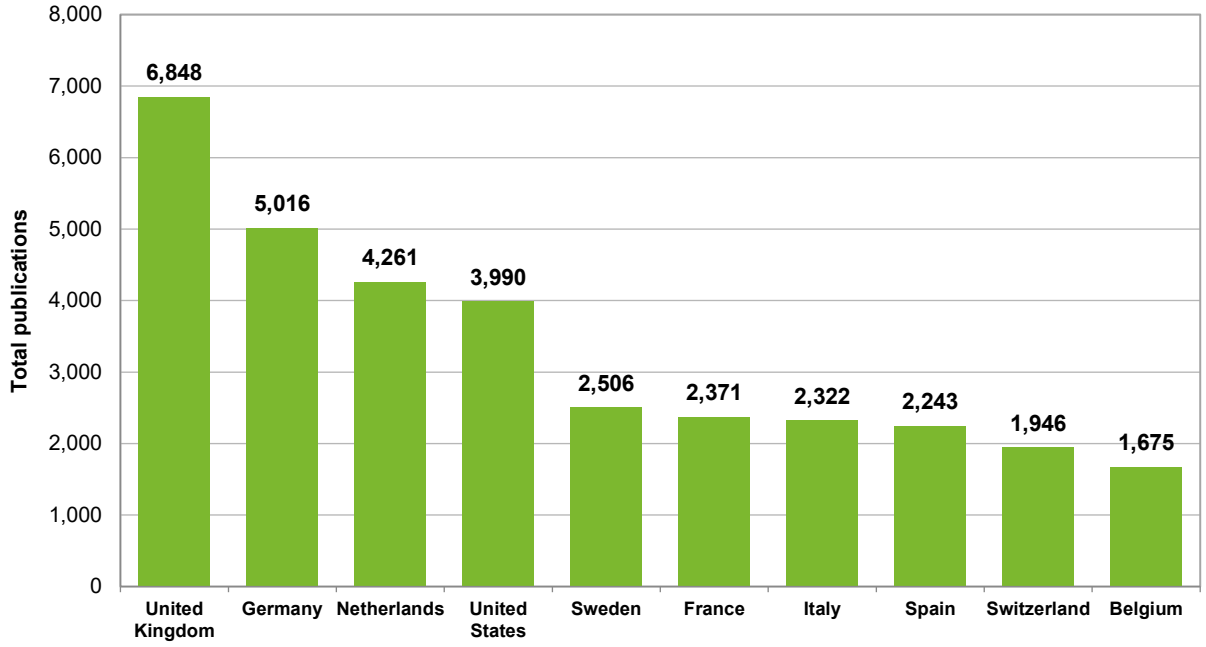
For a full list of countries with at least one IMI project publication between 2010 and 2025, see Annex 4, Table A4.2.

The leading five countries based on publication output include the United Kingdom (6,848), Germany (5,016), the Netherlands (4,261), the United States (3,990) and Sweden (2,506). All countries in the top ten are European with the only exception being the United States (Figure 6.4.3). Other non-European countries that appear in the top 20 include Canada (1,053), Australia (734) and China (660).

Figure 6.4.3: Ten countries with the most IMI project publications, 2010–2025*

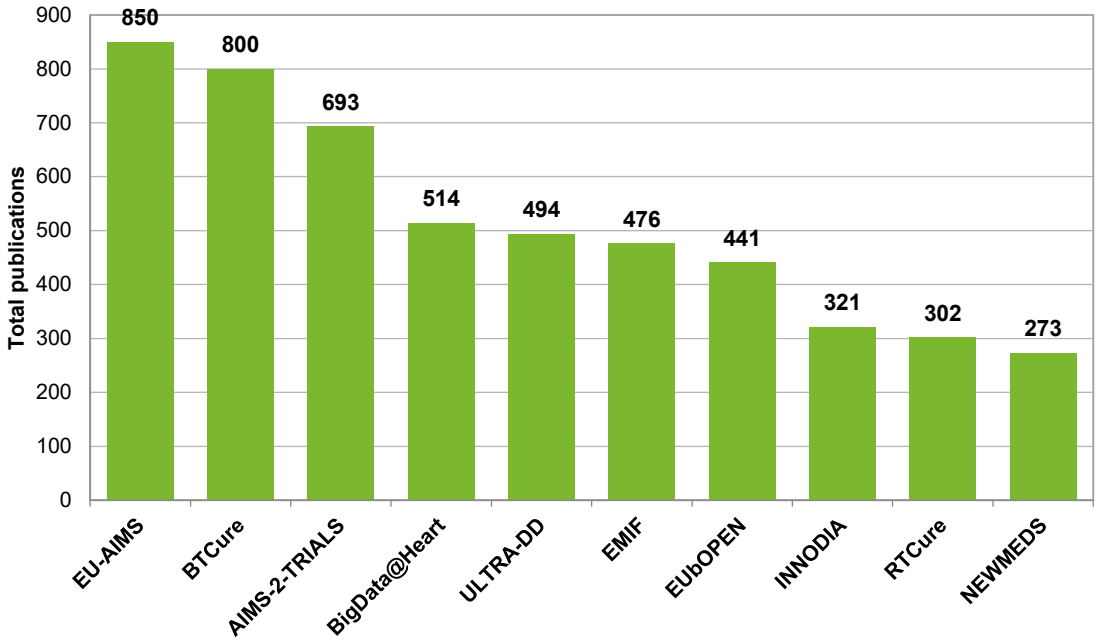


*Publications can be affiliated with multiple countries

6.5 IMI funded publication output by project

EU-AIMS is the most productive IMI funded project with 850 publications between 2010 and 2025 (Figure 6.5.1). BTCure is the second most productive project with 800 publications but had no new publications in 2025. The top ten projects account for more than one-third (34.6%) of the total publications.

Figure 6.5.1 Top ten IMI funded projects with the highest number of publications, 2010–2025*



*Publications can be assigned to multiple projects

EHDEN is the leading project by proportion of papers published via open access (97.8%), when expanding the analysis to the top 20 IMI projects with the most publications (Table 6.5.1). All other IMI projects listed below, except EUROPAIN (44.1%), have more than half of their papers published via open access[10]. Despite having the lowest proportion of open access papers in this subset of IMI projects, EUROPAIN leads by average citations per publication (124.4). CANCER-ID (116.5) and LITMUS (104.1) have the second and third highest rate of citations per publication respectively.

LITMUS has the highest field-normalized citation impact, with 6.26. 3TR, which moved into the top 20 projects for 2025, has the second highest field-normalized citation impact, with 5.39. Of the top 20 projects, 12 have citations that are more than twice the world average when compared with other papers in similar disciplines with the same year of publication. The largest increase in the number of publications in this list for 2025 were AIMS-2-TRIALS (86) and EUbOPEN (70).

[10] It was a requirement for all IMI2 research to be published as open access. The same requirement did not apply for IMI1.

Table 6.5.1: Top 20 IMI projects by publications, open access publishing and impact, 2010–2025

Projects*	Number of Publications	Citations per Publications	Number of Papers	Number of Open Access Papers	% of Open Access Papers	Mean Field-Normalized Citation Impact of publications
EU-AIMS	850	63.91	817	737	90.2%	2.06
BTCure	800	69.96	723	505	69.8%	1.72
AIMS-2-TRIALS	693	41.32	665	640	96.2%	2.51
BigData@Heart	514	46.37	481	467	97.1%	3.60
ULTRA-DD	494	60.99	476	417	87.6%	1.92
EMIF	476	79.47	452	398	88.1%	2.71
EUbOPEN	441	32.85	419	379	90.5%	2.17
INNODIA	321	37.64	293	272	92.8%	1.55
RTCure	302	54.46	259	225	86.9%	2.91
NEWMEDS	273	93.09	261	167	64.0%	2.31
U-BIOPRED	266	39.94	149	118	79.2%	1.89
CANCER-ID	246	116.48	204	168	82.4%	2.91
EUROPAIN	226	124.41	204	90	44.1%	3.83
LITMUS	224	104.08	185	164	88.6%	6.26
STEMBANCC	218	60.74	189	165	87.3%	1.84
BEAT-DKD	213	40.50	199	189	95.0%	2.07
EHDEN	209	21.34	180	176	97.8%	1.97
RHAPSODY	203	46.89	193	184	95.3%	1.71
TRANSLOCATION	197	58.39	187	123	65.8%	1.53
3TR	191	39.48	157	151	96.2%	5.39

*Publications can be assigned to multiple projects

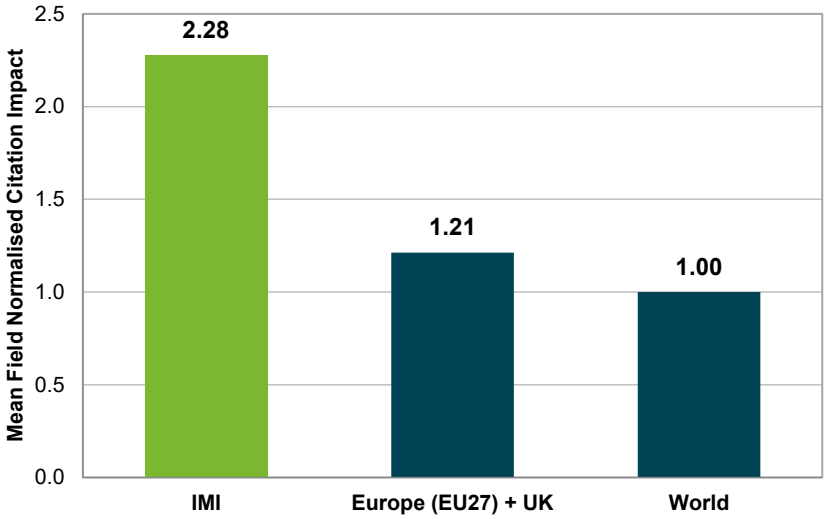
For a listing of all IMI funded projects by publications, open access publishing and impact, see Annex 4, Table A4.3.

6.6 Citation analysis for IMI funded research

The number of citations a paper receives is at least partly determined by the field to which it relates and the year of publication. Papers published about disciplines such as biomedicine and social sciences typically receive more citations than papers published in engineering, and older publications tend to accumulate higher citation counts than more recent research because they have had more time to accrue them. In this analysis, the field-normalized citation impact is used to allow comparison between years and research fields.

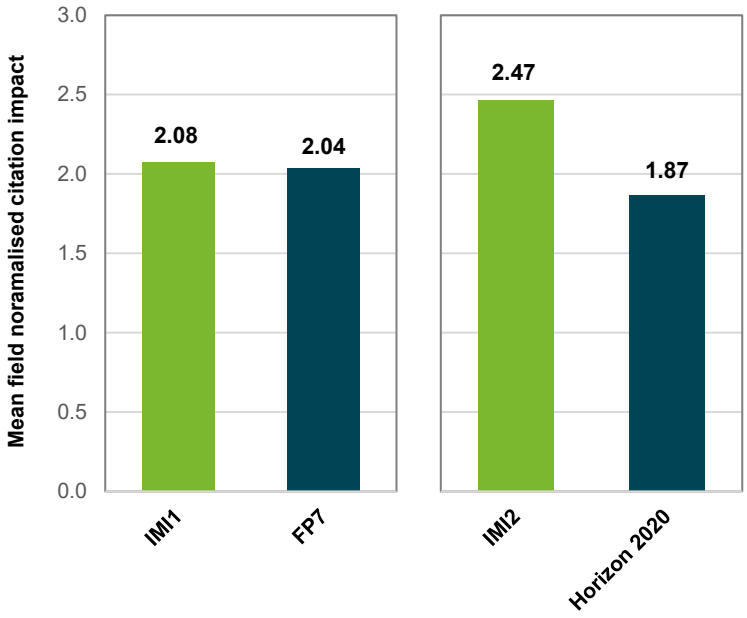
IMI papers had a field-normalized citation impact score more than twice that of the world average (2.28), and 88% greater than the EU27+UK at 1.21 (Figure 6.6.1).

Figure 6.6.1: Field-normalized citation impact for IMI supported research papers compared to the average for EU27+UK and world papers, 2010–2025



Although the total number of publications from IMI projects (IMI1 – 8,216 & IMI2 – 7,530) are considerably fewer than comparative EU funding programmes such as FP7 (344,708) or Horizon 2020 (509,995), the research generated from these projects perform well compared to their counterparts by a measure of field-normalized citation impact (Figure 6.6.2). IMI2 compares favourably to Horizon 2020 against this measure (2.47 vs 1.87). Notably, the field-normalized citation impact increased from 2.08 to 2.47 when transitioning from IMI1 to IMI2. In contrast, a decrease is observed in the citation impact when moving from FP7 to Horizon 2020 funding programmes (2.04 to 1.87).

Figure 6.6.2: Field-normalized citation impact across funding programmes, 2010–2025*



*Heterogeneity exists in the time periods for which these funding programmes operate; therefore, direct comparisons of publication volumes generated should be approached with caution. The IMI1 programme ran 2008-2013; FP7 2007-2013; IMI2 2014-2020; and Horizon 2020 was 2014-2020

6.7 Journals in which IMI funded research is most frequently published

IMI projects have been published in 2,139 journals to date, and the average journal impact factor for IMI funded research is 5.98. In 2025 alone, the average journal impact factor across the 499 journals in which IMI-supported research was published was 7.80.

The 20 journals in which IMI project publications appeared most frequently between 2010 and 2025 account for 2,604 (16.5%) of IMI's publications. The leading five journals account for more than 1,250 publications: Annals of the Rheumatic Diseases; Scientific Reports; PLoS ONE; Nature Communications and Frontiers in Immunology (Table 6.7.1).

Fifteen of the top 20 journals for IMI project publications fall into the top quartile by journal impact factor. The Annals of the Rheumatic Diseases leads the top 20 journals publishing IMI project research based on its journal impact factor in 2024 (20.6). However, when citation impacts are normalized by discipline and publication years, the journal PAIN achieved the highest mean journal normalized citation impact (2.5). The PAIN journal also leads by a measure of citations per publication (301.4), far ahead of second-ranked Alzheimer's & Dementia (185.8).

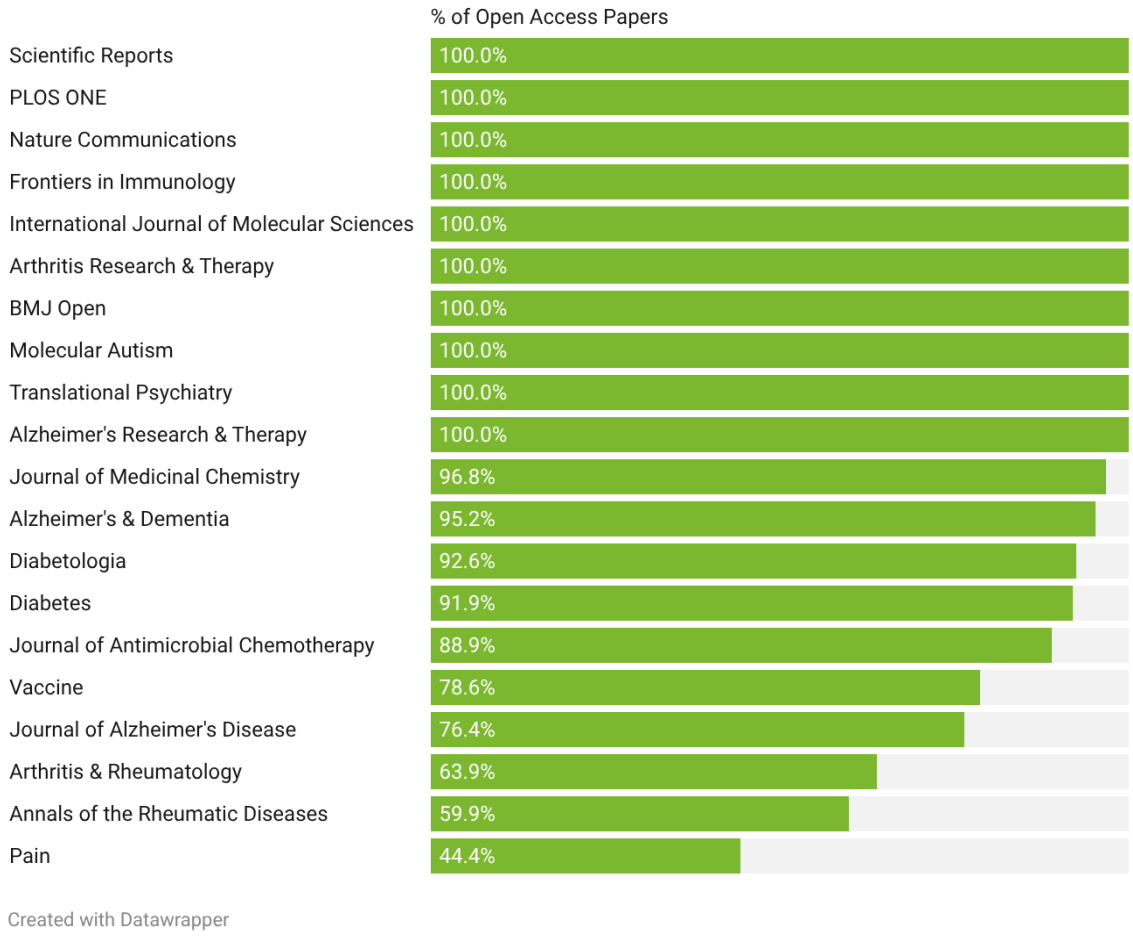
Table 6.7.1: Top 20 journals in which IMI project publications appear most frequently, 2010–2025

Journal	Number of Publications	Number of Papers	Citations per Publication	Mean Journal Normalized Citation Impact	Journal Impact Factor (2024)	Quartile Rank
Annals of the Rheumatic Diseases	310	157	61.2	1.0	20.6	Q1
Scientific Reports	279	279	57.9	1.2	3.9	Q1
PLOS ONE	247	245	56.7	1.2	2.6	Q2
Nature Communications	242	240	148.4	1.2	15.7	Q1
Frontiers in Immunology	183	183	43.9	0.9	5.9	Q1
Alzheimer's & Dementia	134	104	185.8	2.0	11.1	Q1
Diabetologia	126	121	61.4	0.9	10.2	Q1
Journal of Medicinal Chemistry	125	125	52.8	1.0	6.8	Q1
International Journal of Molecular Sciences	114	114	58.0	1.0	4.9	Q1
Diabetes	102	62	35.6	0.9	7.5	Q1
Journal of Alzheimer's Disease	90	89	89.4	1.1	3.1	Q2
Arthritis Research & Therapy	82	82	45.3	0.8	4.6	Q1
BMJ Open	77	74	52.5	1.9	2.3	Q2
Arthritis & Rheumatology	74	72	82.2	0.9	10.9	Q1
Vaccine	72	70	54.4	1.4	3.5	Q2
Pain	71	63	301.4	2.5	5.5	Q1
Molecular Autism	71	71	68.8	1.2	5.5	Q1
Translational Psychiatry	69	69	72.0	1.0	6.2	Q1
Journal of Antimicrobial Chemotherapy	68	63	68.0	1.2	3.6	Q2
Alzheimer's Research & Therapy	68	68	64.4	1.1	7.6	Q1

See Annex 4, Table A4.4 detailing the distribution of IMI project publications across top journals by impact factor.

The vast majority of IMI funded research publications across these top 20 journals are published open access (Figure 6.7.1.). In fact, ten of these top 20 journals published IMI funded research exclusively via open access: Scientific Reports; PLoS ONE; Nature Communications; Frontiers in Immunology; International Journal of Molecular Sciences; Arthritis Research & Therapy; BMJ Open; Molecular Autism; Translational Psychiatry and Alzheimer's Research and Therapy. In fact, only one journal from this subset published less than half of its papers via open access — PAIN, at 44.4%.

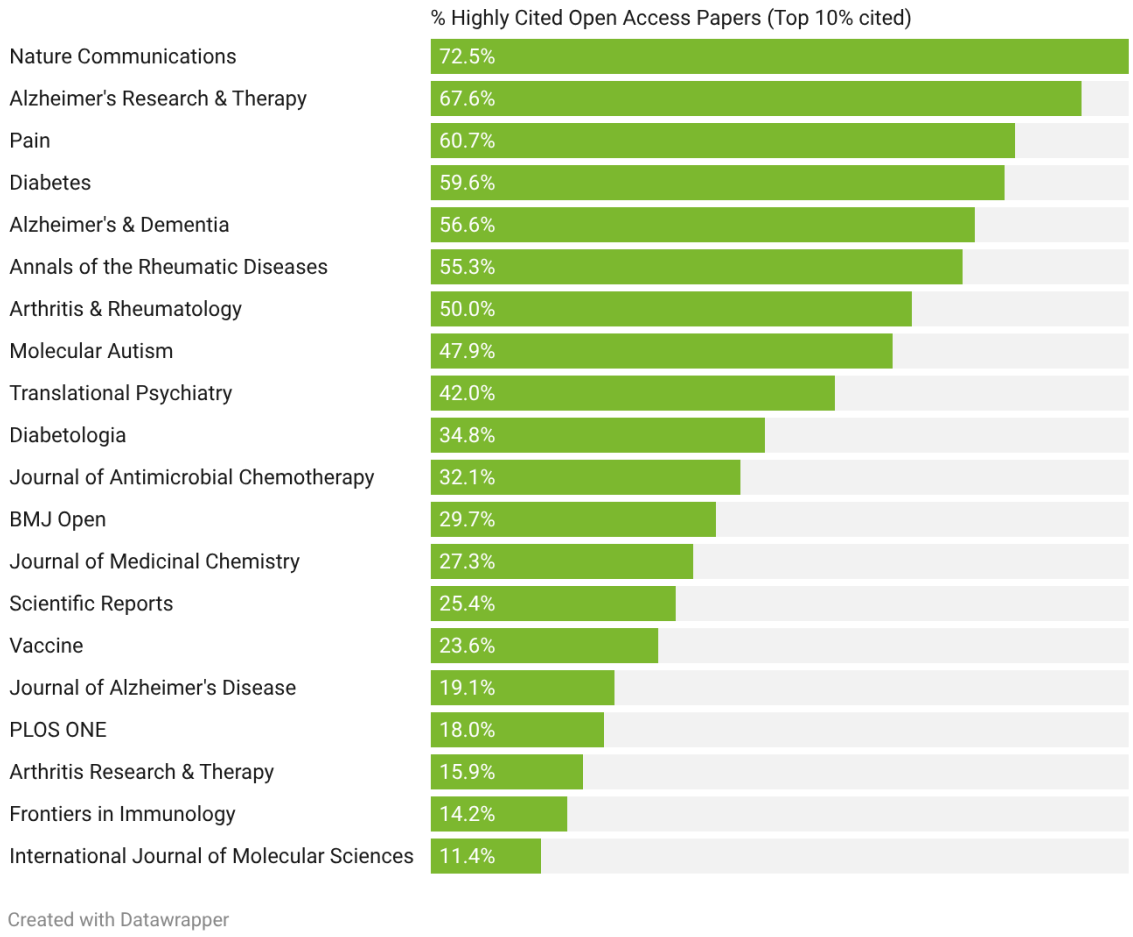
Figure 6.7.1: Proportions of IMI funded papers published open access among the top 20 journals in which IMI project publications appear most frequently, 2010-2025



See Annex 4, Table A4.5 for a breakdown of open access publishing across the top 20 journals.

Open access publishing in Nature Communications and Alzheimer's Research and Therapy lead this subset of journals in rank of the highest percentage of open access papers which feature in the top 10% highly cited papers for IMI funded research, at 72.5% and 67.6% respectively (Figure 6.7.2).

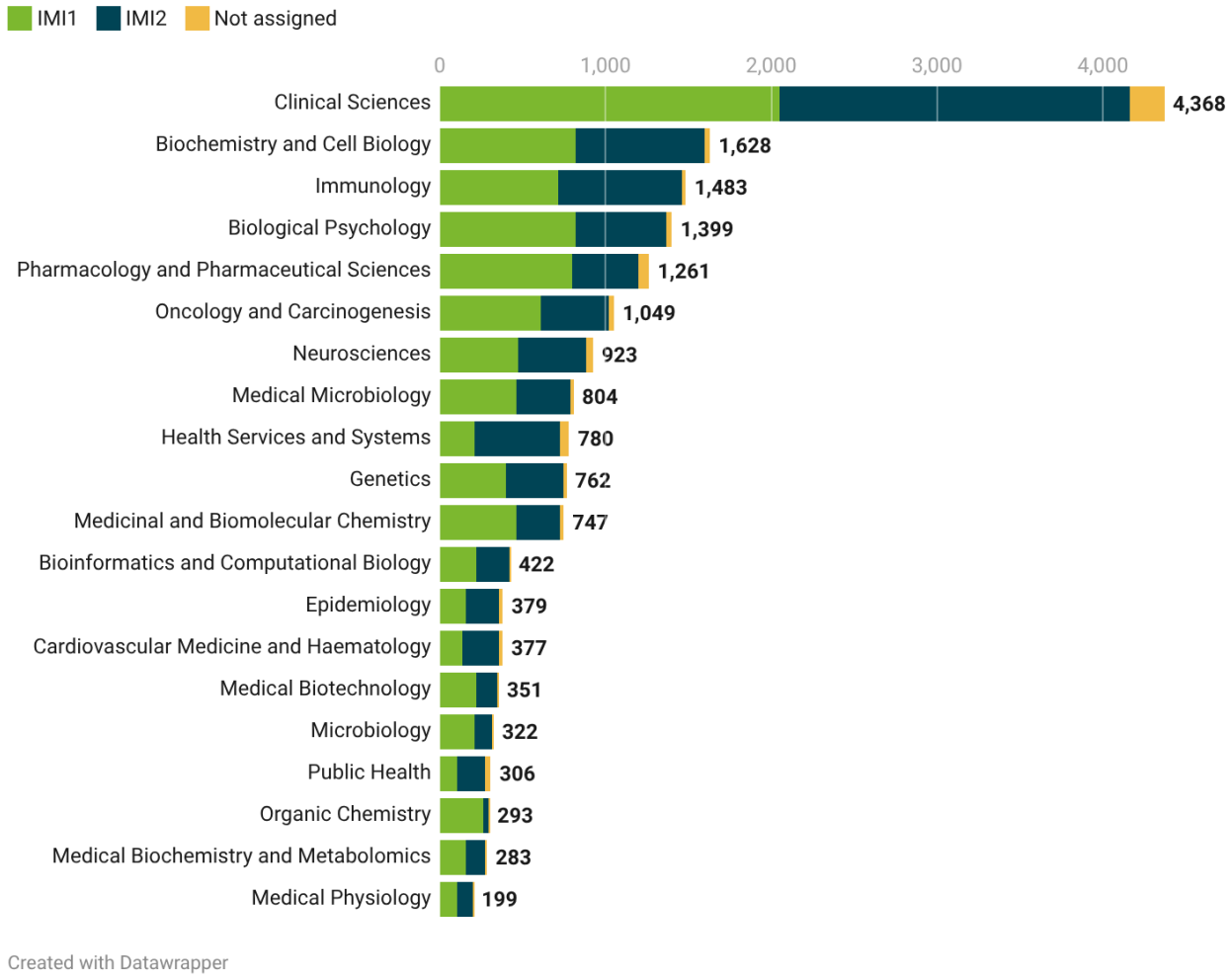
Figure 6.7.2: Proportions of top 10% cited open access papers published in the top 20 journals in which IMI project publications appear most frequently, 2010-2025



6.8 Research fields accounting for the highest volume of IMI project publications

The leading five research fields for IMI funded research include: Clinical Sciences (4,368); Biochemistry & Cell Biology (1,628); Immunology (1,483); Biological Psychology (1,399) and Pharmacology & Pharmaceutical Sciences (1,261). Combined, these research fields account for more than 10,000 IMI funded publications, which comprises 64% of the 15,752 IMI publications. The data labels below show the total number of IMI project publications across journal categories (Figure 6.8.1).

Figure 6.8.1: Top 20 research fields in which IMI funded research was published most frequently, 2010–2025*



*Research fields are assigned to publications using a machine learning classification system developed by Dimensions in collaboration with ANZSRC framework based on content and themes. Publications can be assigned to multiple research fields.

**There were 558 publications that were unable to be assigned into either IMI1 or IMI2.

Of the top 20 research fields by publication volume for IMI funded research, 11 research fields achieved citation rates more than double the world average for their research field and year of publication. The top 5 research fields by field-normalized citation impact include: Genetics (3.08); Neurosciences (2.83); Cardiovascular Medicine and Haematology (2.83); Clinical Sciences (2.70) and Oncology and Carcinogenesis (2.64). Almost 50% of IMI papers in Cardiovascular Medicine and Haematology featured in the top 10% most cited (46%) (Table 6.8.1).

Bioinformatics and Computational Biology was the leading research field by average citations per publication (92.8), with all the top five journal categories for this measure averaging a minimum of 63 citations per publication including: Genetics (89.8); Oncology and Carcinogenesis (82.8); Neurosciences (75.0) and Microbiology (63.0).

Table 6.8.1: Citation indicators of IMI funded research across the top 20 research fields, 2010–2025*

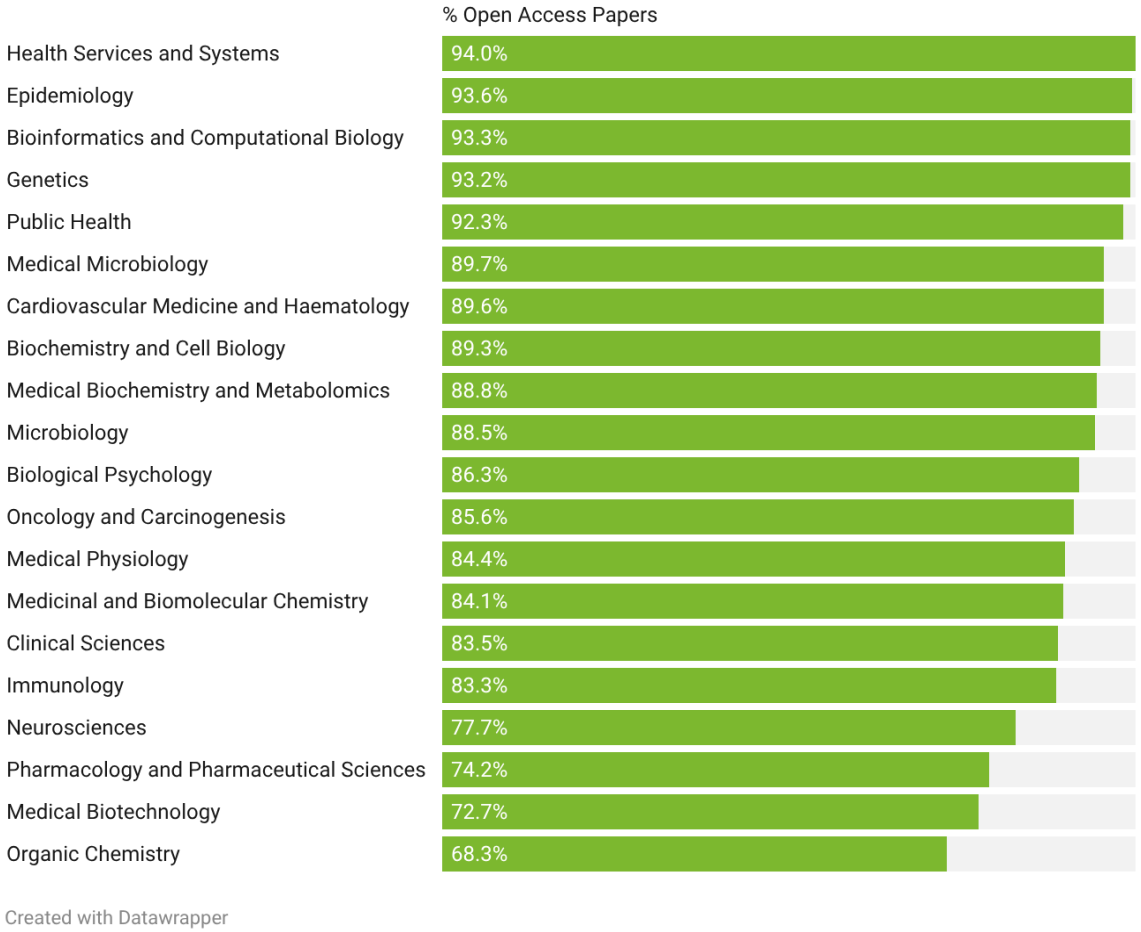
Research Field	Number of Publications	Number of Papers	Citations per Publication	Mean Field-Normalized Citation Impact of Publications	Highly Cited Papers (Top 10% cited)	% Highly Cited Papers (Top 10% cited)
Clinical Sciences	4,248	3,729	57.61	2.70	1,403	37.6%
Biochemistry and Cell Biology	1,598	1,505	59.23	1.74	387	25.7%
Immunology	1,445	1,302	51.96	1.75	321	24.7%
Biological Psychology	1,236	1,179	54.64	2.20	355	30.1%
Pharmacology and Pharmaceutical Sciences	1,234	1,144	47.15	1.73	254	22.2%
Oncology and Carcinogenesis	1,044	938	82.85	2.64	343	36.6%
Neurosciences	873	794	75.01	2.83	293	36.9%
Medical Microbiology	784	747	60.37	2.24	220	29.5%
Health Services and Systems	761	696	44.39	2.57	236	33.9%
Medicinal and Biomolecular Chemistry	741	693	47.02	1.85	147	21.2%
Genetics	724	658	89.76	3.08	174	26.4%
Bioinformatics and Computational Biology	418	389	92.77	2.61	102	26.2%
Cardiovascular Medicine and Haematology	371	270	44.12	2.83	123	45.6%
Epidemiology	366	344	48.79	1.92	94	27.3%
Medical Biotechnology	347	333	51.74	1.47	61	18.3%
Microbiology	321	312	63.03	1.80	82	26.3%
Public Health	300	272	57.33	2.62	100	36.8%
Organic Chemistry	293	287	37.47	1.22	38	13.2%
Medical Biochemistry and Metabolomics	272	233	62.61	2.43	70	30.0%
Medical Physiology	194	179	45.58	1.89	45	25.1%

*Publications can be assigned into multiple research fields

**There were 484 publications that were unable to be assigned into either IMI1 or IMI2.

Sixteen of the top 20 Dimensions research fields have published more than 80% of IMI funded papers via open access. Health Services and Systems is the leading journal category by proportion of IMI papers published via open access, at 94.0% (Figure 6.8.2).

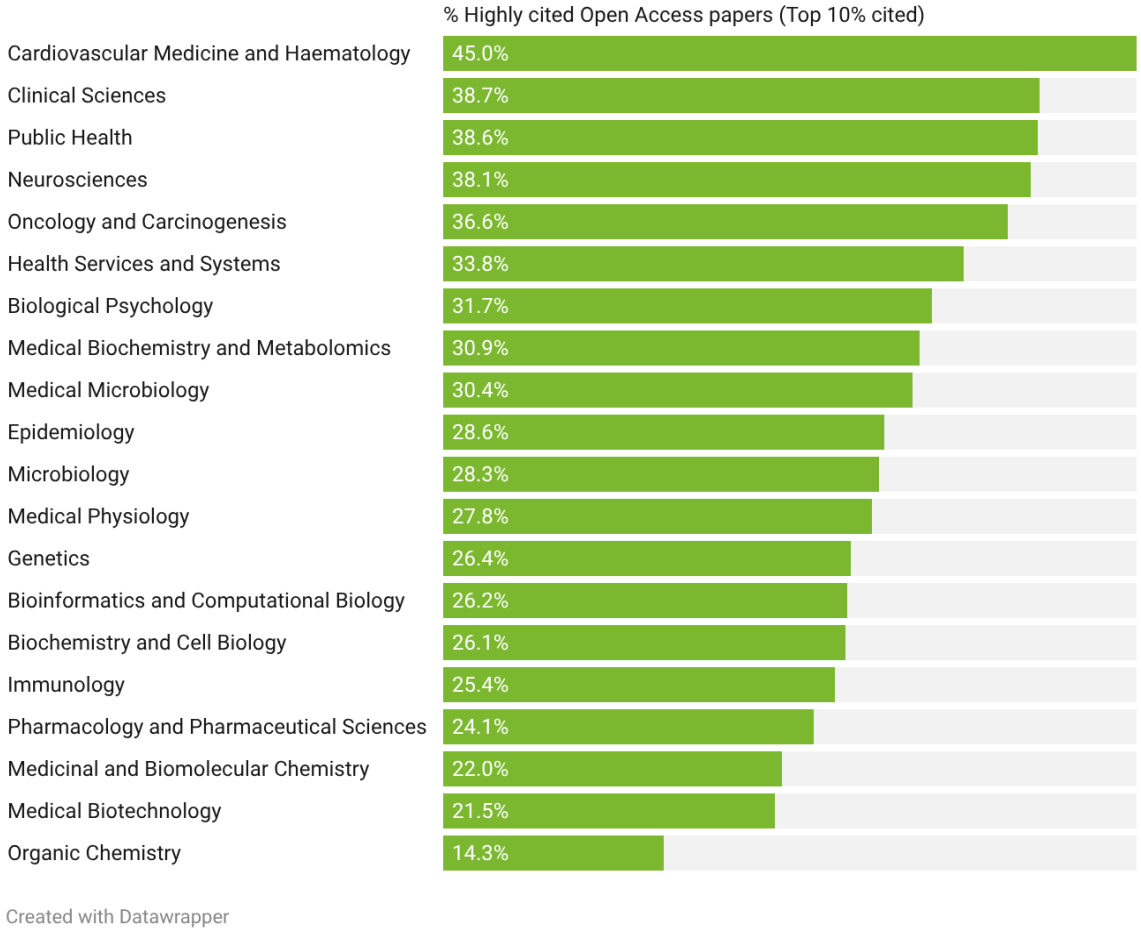
Figure 6.8.2: Proportion of open access papers in the top 20 research fields, 2010-2025



See Annex 4, Table A4.6 for a breakdown of open access publishing across these top 20 research fields.

Sixteen of the top 20 Dimensions research fields have more than 25% of their published open access papers feature in the top 10% most cited globally. Open access publishing in Cardiovascular Medicine and Haematology (45.0%), Clinical Sciences (38.7%) and Public Health (38.6%) lead this rank (Figure 6.8.3).

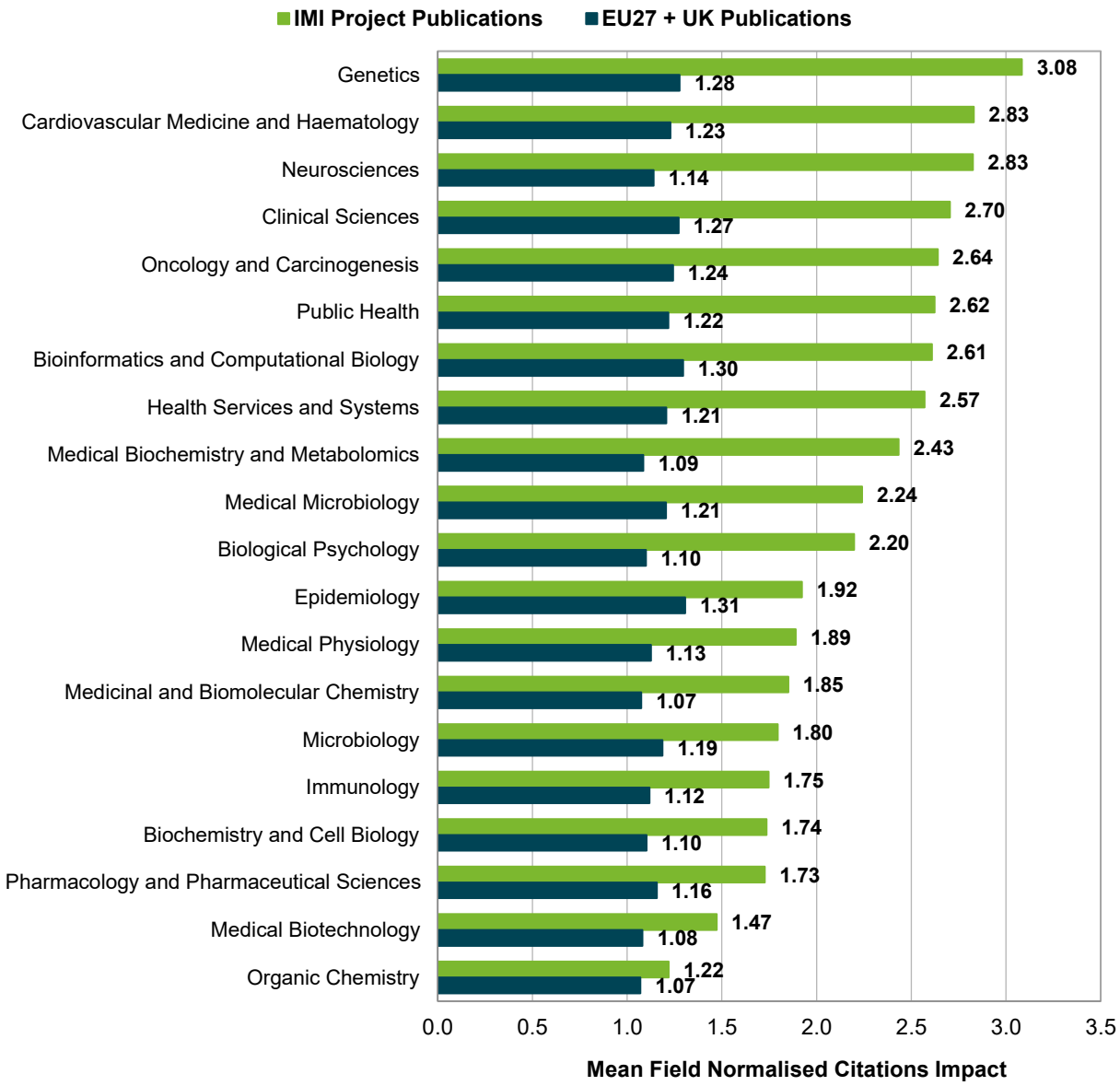
Figure 6.8.3: Proportion of top 10% cited open access papers in the top 20 research fields, 2010-2025



6.9 IMI research fields benchmarked against EU27+UK publications

IMI funded research performed well compared with EU27+UK publications across all top 20 Dimensions research fields when considering the mean field-normalized citation impact (Figure 6.9.1). IMI project publications in ten of the top 20 research fields achieved citation rates at least double the EU27+UK average, including Genetics (3.08 vs 1.28); Cardiovascular Medicine and Haematology (2.83 vs 1.23); Neurosciences (2.83 vs 1.14); Clinical Sciences (2.70 vs 1.27); Oncology and Carcinogenesis (2.64 vs 1.24); Public Health (2.62 vs 1.22); Bioinformatics and Computational Biology (2.61 vs 1.30); Health Services and Systems (2.57 vs 1.21); Medical Biochemistry and Metabolomics (2.43 vs 1.09) and Biological Psychology (2.20 vs 1.10).

Figure 6.9.1: Benchmarking of IMI funded research with EU27+UK publications in the top 20 research fields, 2010-2025



See Annex 4, Table A4.7 for a full comparison of IMI funded research against EU27+UK across these top 20 research fields.

7. Collaboration profile and geographical spread of IMI funded research

Sections 7.1 to 7.5 showcase the collaboration and geographical spread of IMI funded papers[11]. The collaboration profile of IMI funded papers is initially examined by sector[12], institution and country. After this, collaboration is analyzed across sectors, and the relative citation impacts of IMI funded papers for domestic and international collaborations are explored. Finally, country- and city-based collaboration networks of IMI funded papers are examined.

Key highlights:

- Most IMI funded papers involve collaboration between sectors (75%), institutions (87%) and countries (66%).
- Collaborations across sectors, institutions and countries are yielding a higher field-normalized citation impact than the IMI average. Papers resulting from these types of collaborations typically record a field-normalized citation impact that is more than double the world average.
- The education (96%) and healthcare (75%) sectors have the greatest share of IMI funded cross-sectoral collaborative papers among all sector types.
- A strong positive association exists between the number of countries affiliated on an IMI funded paper and the respective field-normalized citation impact for that paper.
- The United Kingdom is the leading collaborator with EU27 countries for IMI funded papers.
- Within the city clusters analyzed, collaborations between Berlin and Barcelona have the highest field-normalized citation impact (10.70), more than ten times the world average.

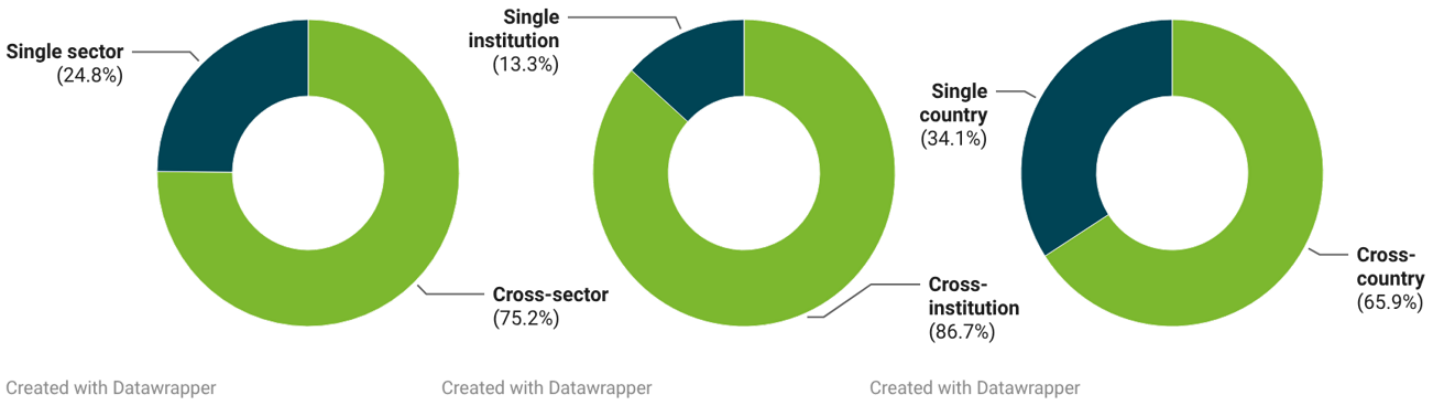
7.1 Collaboration profile of IMI funded papers

IMI funded papers continue to demonstrate a large collaborative footprint, characterized by a high proportion of cross-sectoral partnerships (75%) and cross-institution collaborations (87%). Authorship of IMI funded papers also tends to be geographically diverse, with 66% of research papers involving two or more institutions from different countries collaborating on their research (Figure 7.1.1).

[11] Publications in Dimensions are indexed with metadata fields based on information supplied by the publisher to the databases directly from the publication. The assignment of metadata fields ensures that publications included in the analysis are directly linked or attributed to these fields for analysis of funder, country, sector/stakeholder comparators. For example, if an IMI publication is identified with one author being affiliated to an organization in Sweden, and a second author affiliated to an organization in Australia, this publication would be assigned in the analysis as an international collaboration.

[12] IMI sectors include: Education, Healthcare, Company, Government, Other (Facility, Nonprofit, Archive, Other), Unknown

Figure 7.1.1: Collaboration profiles for IMI funded papers, 2010–2025

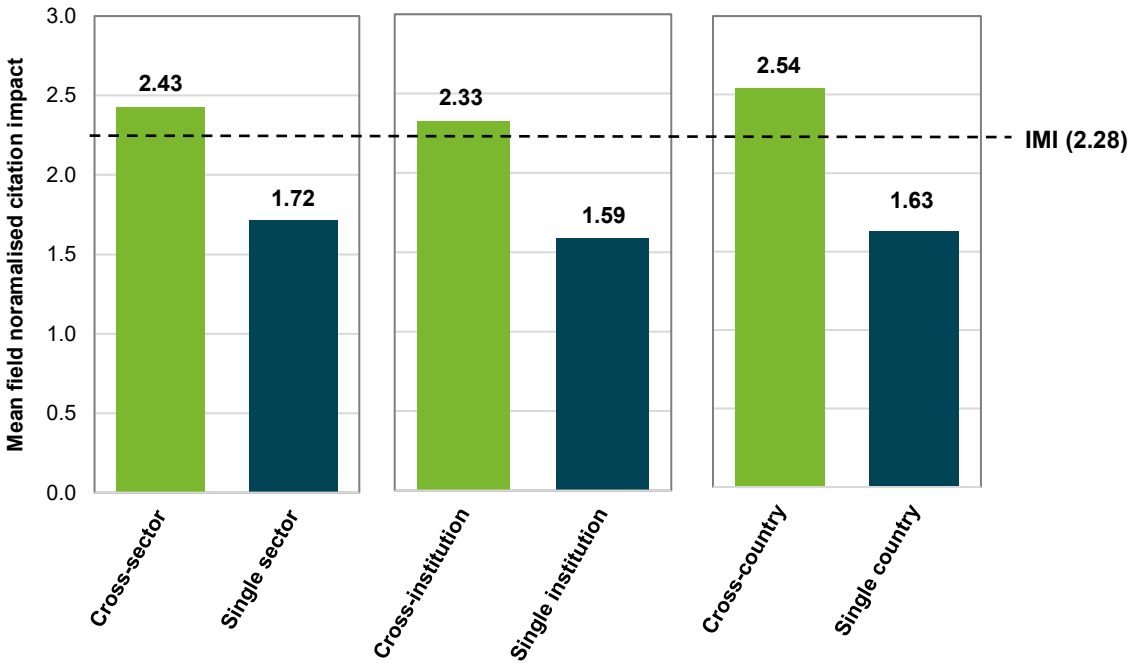


**Note, only IMI papers that have sector, institution or country affiliation data available are included in the base numbers for each donut chart.

See Annex 5, Table A5.1 for a breakdown of the collaboration profile and associated impact of IMI project papers, 2010-2025.

Collaborations across sectors[13], institutions and countries have had a positive effect on citation impact scores for IMI funded papers. Papers produced through cross-sectoral, cross-institutional and cross-country collaboration all yield citation impacts above the IMI average for all papers and more than twice the global average (Figure 7.1.2). Papers resulting from international collaborations record a field-normalized citation impact of 2.54, while cross-sector and cross-institution collaborations have citation rates at 2.43 and 2.33 respectively.

Figure 7.1.2: Citation performance for sectoral, institutional and international collaborations from IMI funded papers, 2010–2025

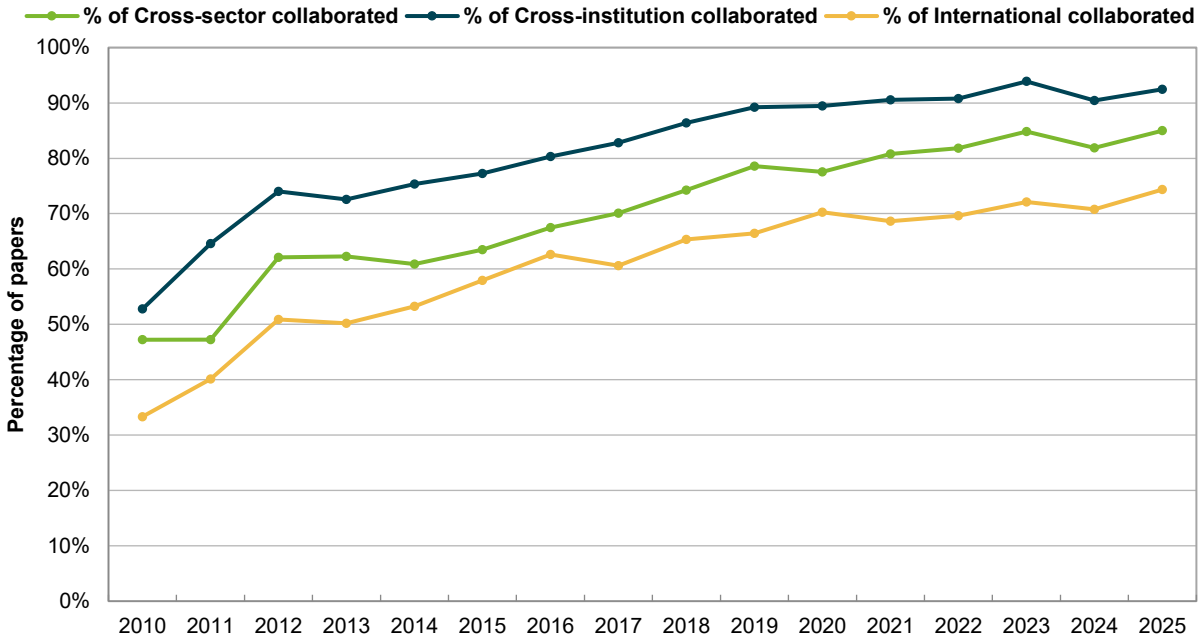


[13] IMI sectors include: Education, Healthcare, Company, Government, Other (Facility, Nonprofit, Archive, Other), Unknown

Over the past sixteen years, IMI funded papers have become increasingly collaborative. The proportion of international collaborations has increased by 41.1 percentage points since 2010, while cross-sectoral and cross-institutional collaborations have increased by 37.8 and 39.6 percentage points, respectively (Figure 7.1.3). Papers involving cross-institutional collaborations have recorded the highest absolute share of IMI funded papers for any given year, with a 93.9% share in 2023.

The number of published papers has been declining since the peak in 2021, however the share of cross-sector, cross-institutional and international collaborations has remained stable, with increases seen in some years. Modest falls in cross-sector, cross-institutional and international collaborations were noted between 2023 and 2024, although all three categories experienced an uptick in the proportion of collaborative papers again in 2025.

Figure 7.1.3: Yearly trends in cross-sector, cross-institution and international collaborations by percentage share of IMI funded papers, 2010-2025



7.2 Collaboration profile of IMI funded papers across sectors

Among IMI funded papers, collaborations across sectors are most prominent for Education (96.4%) and Healthcare (75.1%) (Table 7.2.1). Cross-sectoral collaborations exhibit high field-normalized citation impact rates, with Government papers averaging more than three times the world average (3.19) and all other cross-sector collaborations averaging more than twice the world average when compared with papers published in the same year and discipline.

Table 7.2.1: Profile of cross-sector collaborations for IMI funded papers, 2010–2025*

Sector	Number of cross-sector collaborated IMI papers	% of cross-sector papers w.r.t. unique cross-sector collaborated IMI papers (10,697)	Mean Field-Normalized Citation Impact
Education	10,308	96.4%	2.45
Healthcare	8,035	75.1%	2.60
Other (Facility, Non-profit, Archive, Other)	5,849	54.7%	2.76
Company	3,416	31.9%	2.52
Government	1,841	17.2%	3.19

*A single paper may be affiliated to more than two sectors.

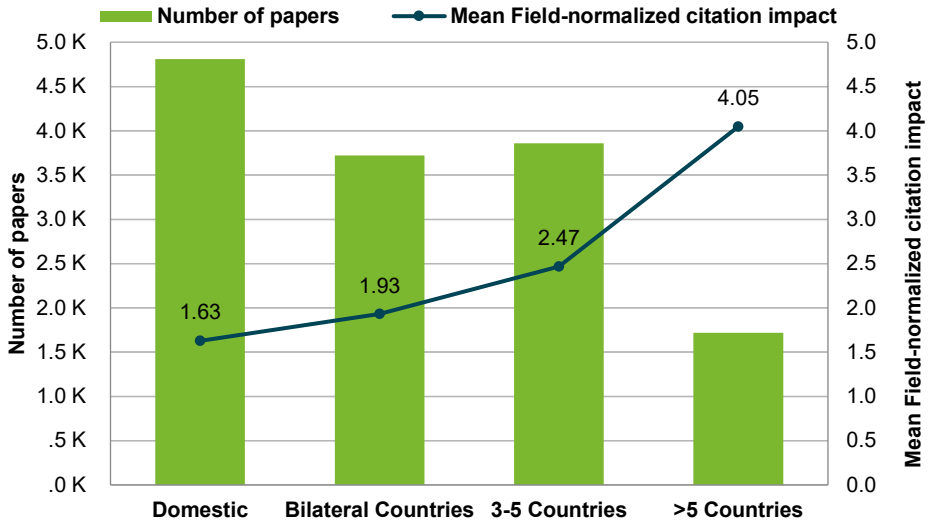
** Sector and stakeholders are tagged as metadata fields based on information supplied by the publisher to the databases directly from the publication. Each publication is assigned to a sector, and this assignment ensures that all publications included in the analysis can be directly linked to a sector or stakeholder. Some publications may have missing data for this field and these publications are not included in the analysis.

See Annex 1, Table A1.4 for a list of definitions for each sector classification, as defined by Dimensions.

7.3 Impact of domestic and international collaboration of IMI funded papers

A positive relationship exists between the number of countries affiliated with an IMI funded research paper and the field-normalized citation impact of that paper, indicating the strength of international collaboration (Figure 7.3.1). IMI funded papers which have five or more affiliated countries have citation rates four times the world average (4.05). This citation impact is almost two and a half times that of IMI funded papers which only feature domestic collaborators and more than double the citation impact of IMI funded papers with collaborators from two countries. Collaborations with 3–5 affiliated countries record a higher citation impact (2.47) than domestic and bilateral collaborations.

Figure 7.3.1: Collaboration citation performance for IMI funded papers by number of affiliated countries, 2010–2025

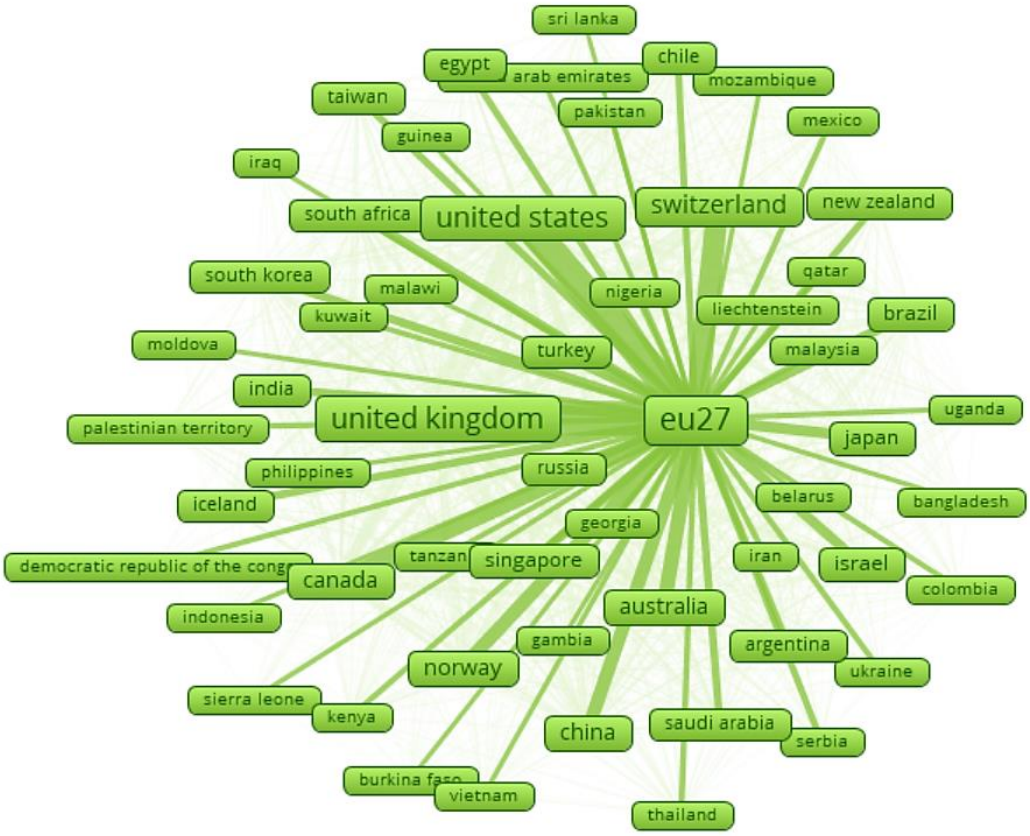


7.4 Collaborations between EU and non-EU countries for IMI funded publications

IMI projects connect the EU with research hotspots around the world. The United Kingdom (4,735), United States (3,352) and Switzerland (1,639) lead non-EU countries collaborating with EU countries on IMI funded publications. Canada, Australia, Norway, China, Japan, Israel and Singapore are the other countries to feature in the top ten. Among the top ten non-EU countries, IMI funded publications involving collaborations between Japan and at least one EU country recorded the highest field-normalized citation impact at more than six times the world average (6.67), followed by Singapore (6.54) and Australia (6.00). Figure 7.4.1 shows the extent of the collaboration network between EU and non-EU countries for collaborations with ten or more publications.

See Annex 5, Table A5.2 for a detailed list of the top non-EU countries collaborating with EU countries ranked by number of publications. Only countries with a minimum of ten publications are displayed.

Figure 7.4.1: Collaborations between EU and non-EU countries for IMI funded research where there are ten or more publications, 2010–2025



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*The width of the lines indicates the volume of IMI funded research between EU27 and non-EU countries
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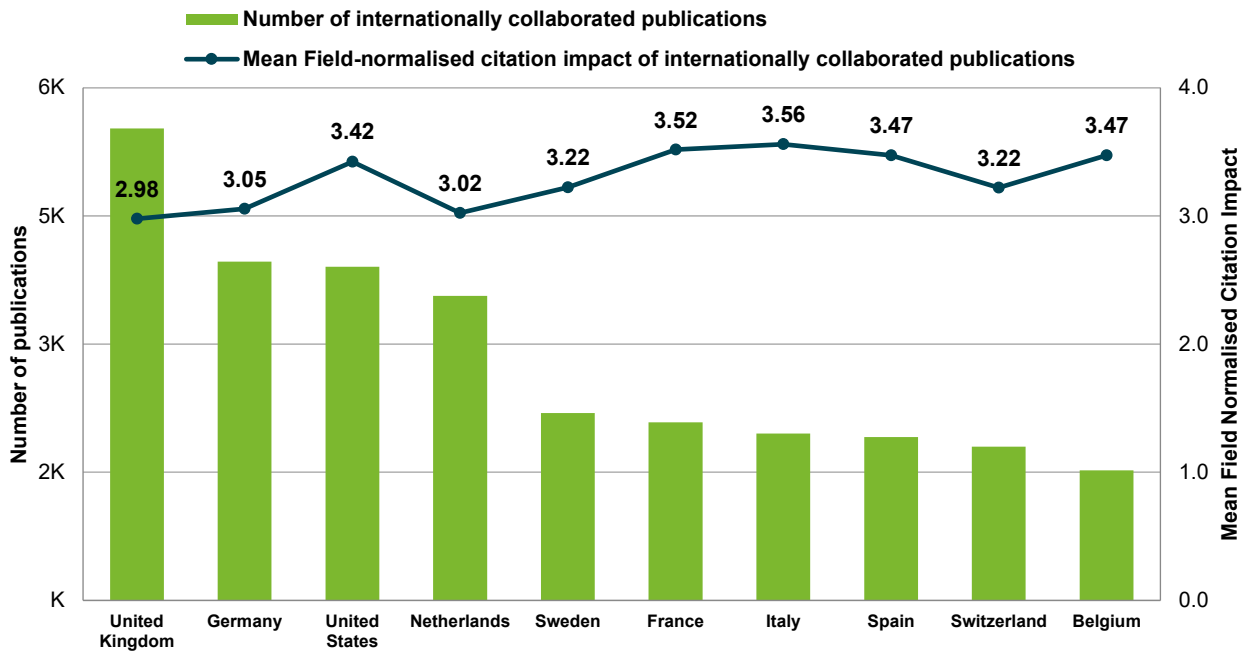
7.5 Collaboration networks of IMI funded publications

The top five countries contributing to internationally collaborated[14] IMI funded publications include: the United Kingdom (5,525); Germany (3,965); United States (3,904); the Netherlands (3,566); and Sweden (2,194). Publications from nine of the top ten countries with the highest internationally collaborated volume, all had mean field-normalized citation impact of at least three times the world average. The United Kingdom fell just short of this measure with a citation impact of 2.98. International collaboration with Italy yielded the highest citation impact (3.56), closely followed by France (3.52) (Figure 7.5.1).

See Annex 5, Table A5.3 for a detailed list of all countries and the associated volumes of internationally collaborated IMI funded publications.

[14] International collaboration refers to a publication that includes affiliations from two or more countries

Figure 7.5.1: Internationally collaborative publications for IMI funded research, 2010–2025



The following subsections draw out a detailed collaboration network analysis, starting at a country level for the top five countries outlined above and city pairwise clustering for the top cities in these countries by publication volume which are London (3,645), Berlin (943), Boston + Cambridge (USA) (884), Amsterdam (1,399) and Stockholm (1,507). A city cluster is created by aggregating all IMI funded research from that city.

See Annex 5, Table A5.4 for a list of the top city clusters for IMI funded research and the associated volumes of internationally collaborated publications (with a minimum of 100 publications).

For each city cluster collaboration analysis, a view of the top five organizations based on IMI publication volume are drawn out.

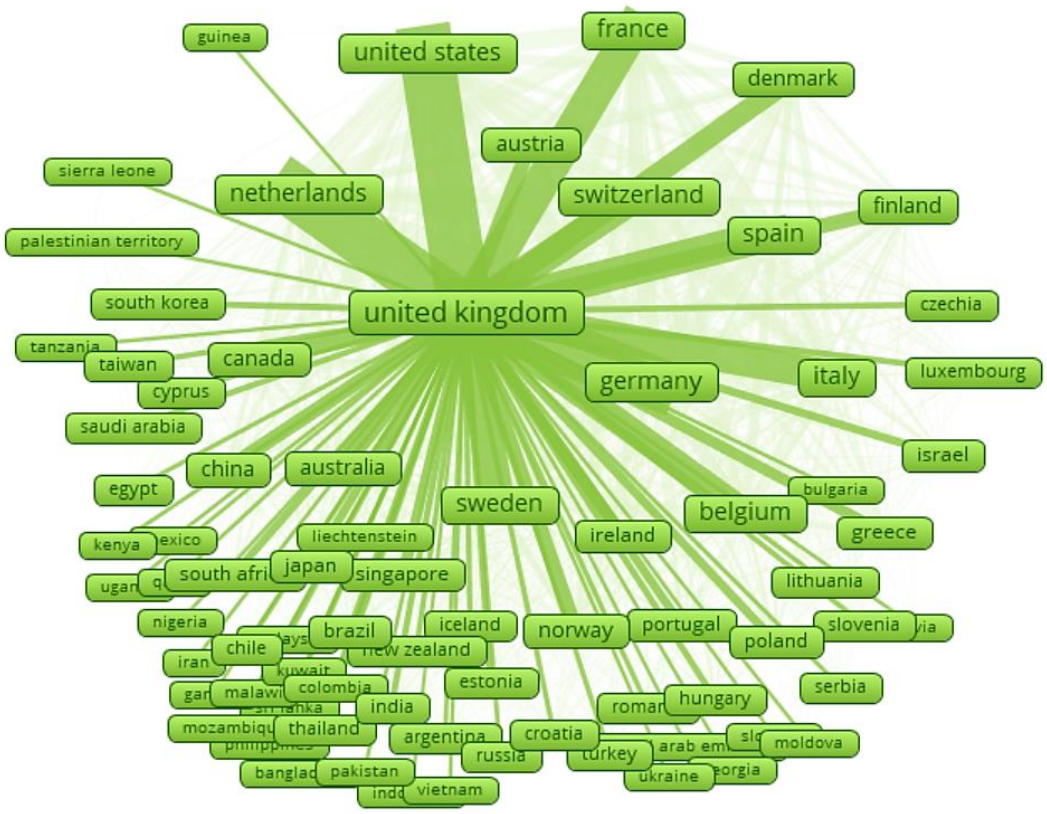
See Annex 5, Table A5.5 for a list of the top organizations in each city cluster for IMI funded research (with a minimum of ten publications).

United Kingdom collaboration network

With the United Kingdom as the leading collaborator publishing IMI funded research with 5,525 publications, a country level collaboration network analysis reveals the United States (2,287), the Netherlands (2,258) Germany (2,180) and Sweden (1,294) to be the top countries collaborating with the United Kingdom, based on the number of publications co-authored with researchers based in UK institutions (Figure 7.5.2). Of all the international partners with a minimum of 50 IMI funded publications produced in collaboration with the United Kingdom, collaborative publications between UK and Turkey institutions garnered the highest field-normalized citation impact (17.31) from 55 publications. Using 50 publications for this analysis ensures greater stability of the normalized citation impact metric.

See Annex 5, Table A5.6 for a detailed list of the top countries collaborating with the UK ranked by number of publications. Only countries with a minimum of ten publications are displayed.

Figure 7.5.2: Collaborations between the United Kingdom and the rest of the world for IMI funded research where there are ten or more publications, 2010–2025



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*The width of the lines indicates the volume of IMI funded research between the United Kingdom and other countries
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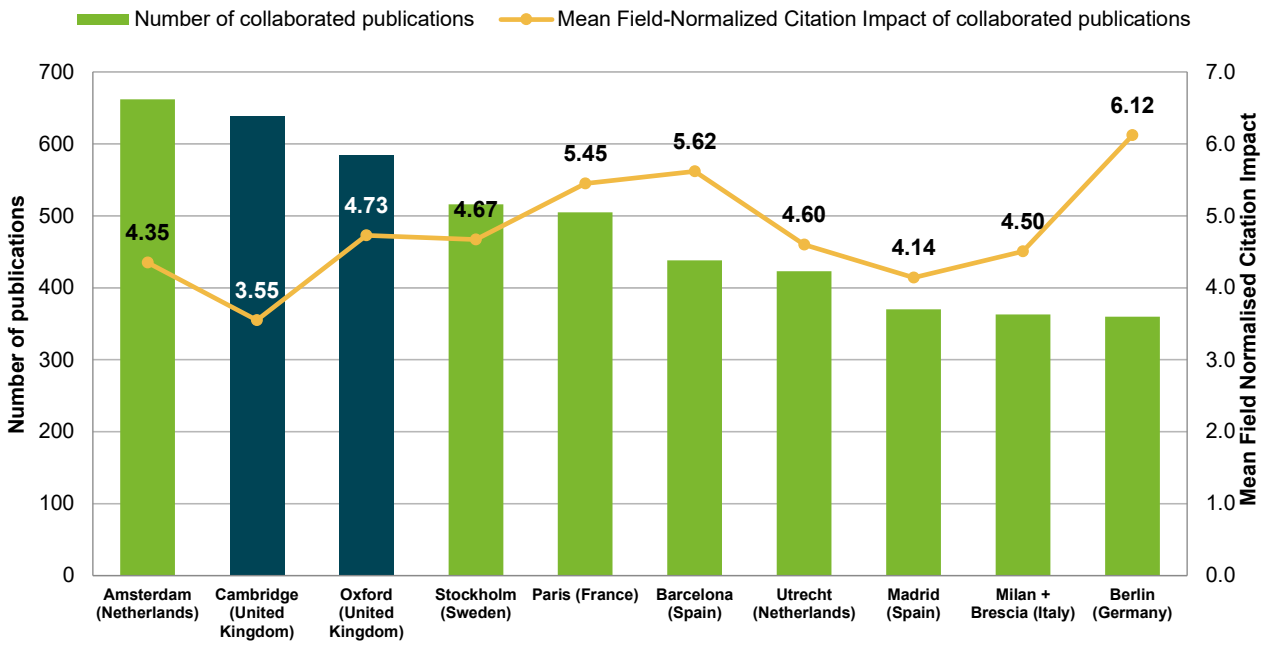
London city cluster collaboration

London has more than 3,000 internationally collaborated publications attributed to IMI funding and collaborations with 1,345 cities worldwide. Within the top ten collaborating cities, Cambridge and Oxford feature as domestic collaborators. The remaining eight collaborating cities in the top ten span across the EU. When considering these top ten cities, the three international collaborations with the highest field-normalized citation impact were Berlin (6.12), Barcelona (5.62) and Paris (5.45) – all exceeding five times the world average (Figure 7.5.3).

Within the London city cluster, the top five organizations based on publication volume include King's College London (1,473), University College London (944), Imperial College London (750), GlaxoSmithKline (235) and the London School of Hygiene & Tropical Medicine (195).

See Annex 5, Table A5.7 for a list of the top 50 cities collaborating with London ranked by number of publications.

Figure 7.5.3: Top city collaborations for IMI funded research from London, 2010–2025



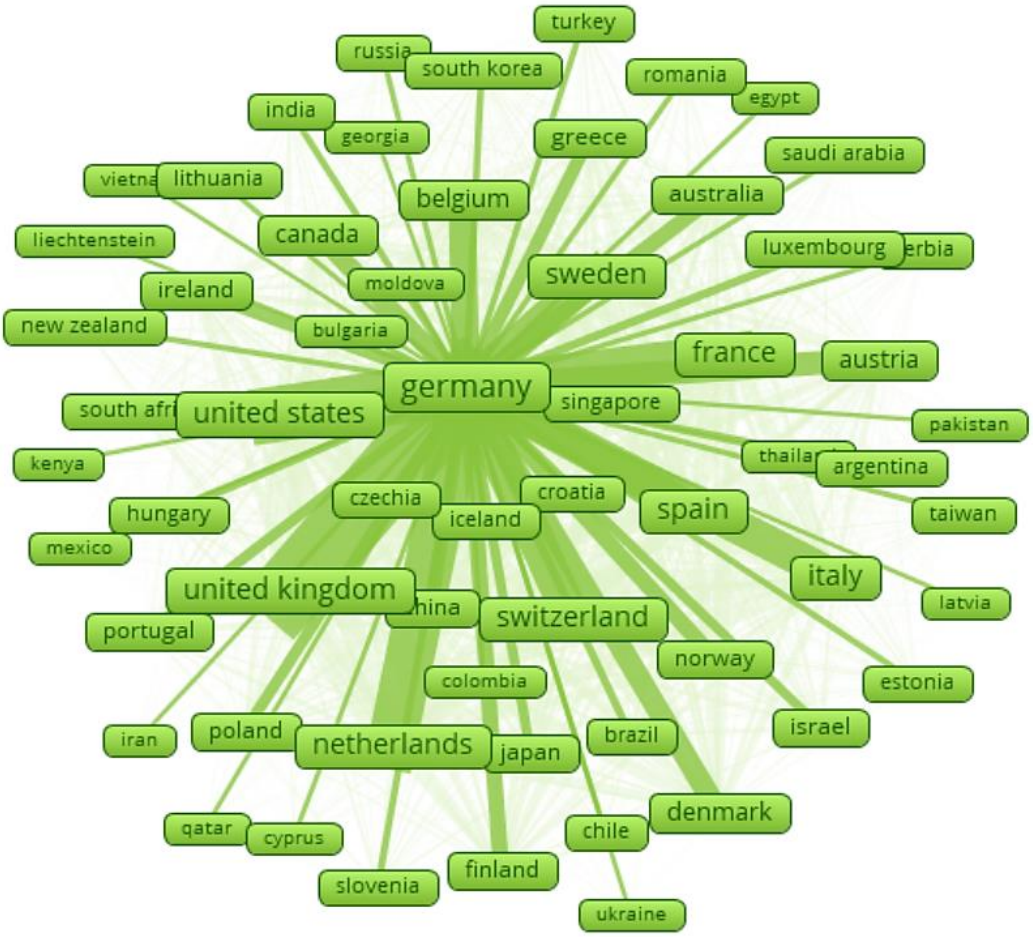
*Blue columns indicate a domestic city collaboration; green columns indicate an international city cluster

Germany collaboration network

Germany also displays an extensive collaboration network for IMI funded publications (Figure 7.5.4). The top five countries collaborating with Germany include the United Kingdom (2,180); United States (1,640); the Netherlands (1,384); France (1,084); and Switzerland (976). Of all the countries collaborating with Germany and considering a minimum of 50 IMI funded publications, collaborations with Turkey (18.28), South Korea (17.03) and South Africa (16.72) have yielded the highest field-normalized citation impact.

See Annex 5, Table A5.8 for a detailed list of the top countries collaborating with Germany ranked by number of publications. Only countries with a minimum of ten publications are displayed.

Figure 7.5.4: Collaborations between Germany and the rest of the world for IMI funded research where there are ten or more publications, 2010–2025



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*The width of the lines indicates the volume of IMI funded research between Germany and other countries
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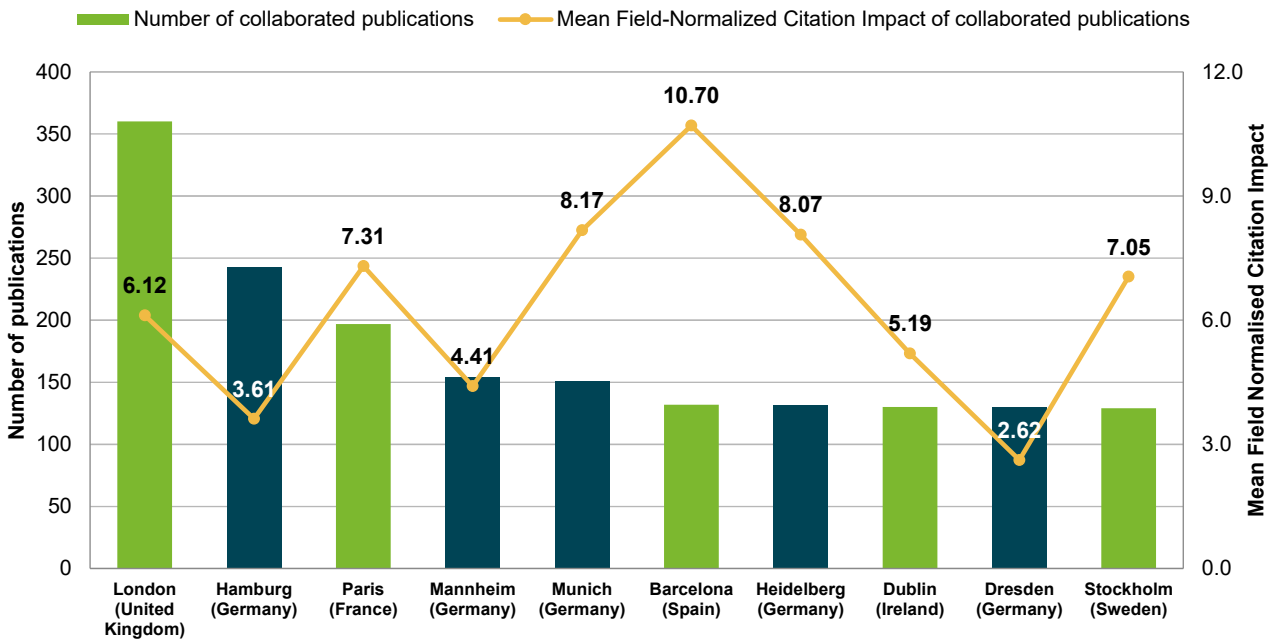
Berlin city cluster collaboration

Berlin has the most collaboration on IMI publications with London (360). Within the top ten, half of the city cluster collaborations for IMI funded research with Berlin are domestic and include Hamburg (243), Mannheim (154), Munich (151), Heidelberg (132) and Dresden (130) (Figure 7.5.5). Among the top ten cities collaborating with Berlin, publications with Barcelona had the highest field-normalized citation impact at more than ten times the world average (10.70), followed by Munich (8.17) and Heidelberg (8.07).

The top organizations producing IMI funded research include Charité — University Medicine Berlin (347) and German Centre for Cardiovascular Research (180). When considering a minimum of 50 IMI funded papers, The Berlin Institute of Health at Charité had the highest field-normalized citation impact at over 8 times the world average (8.14), narrowly followed by Humboldt-Universität zu Berlin (7.91).

See Annex 5, Table A5.9 for a list of the top 50 cities collaborating with Berlin, ranked by number of publications.

Figure 7.5.5: Top city collaborations for IMI funded research from Berlin, 2010-2025



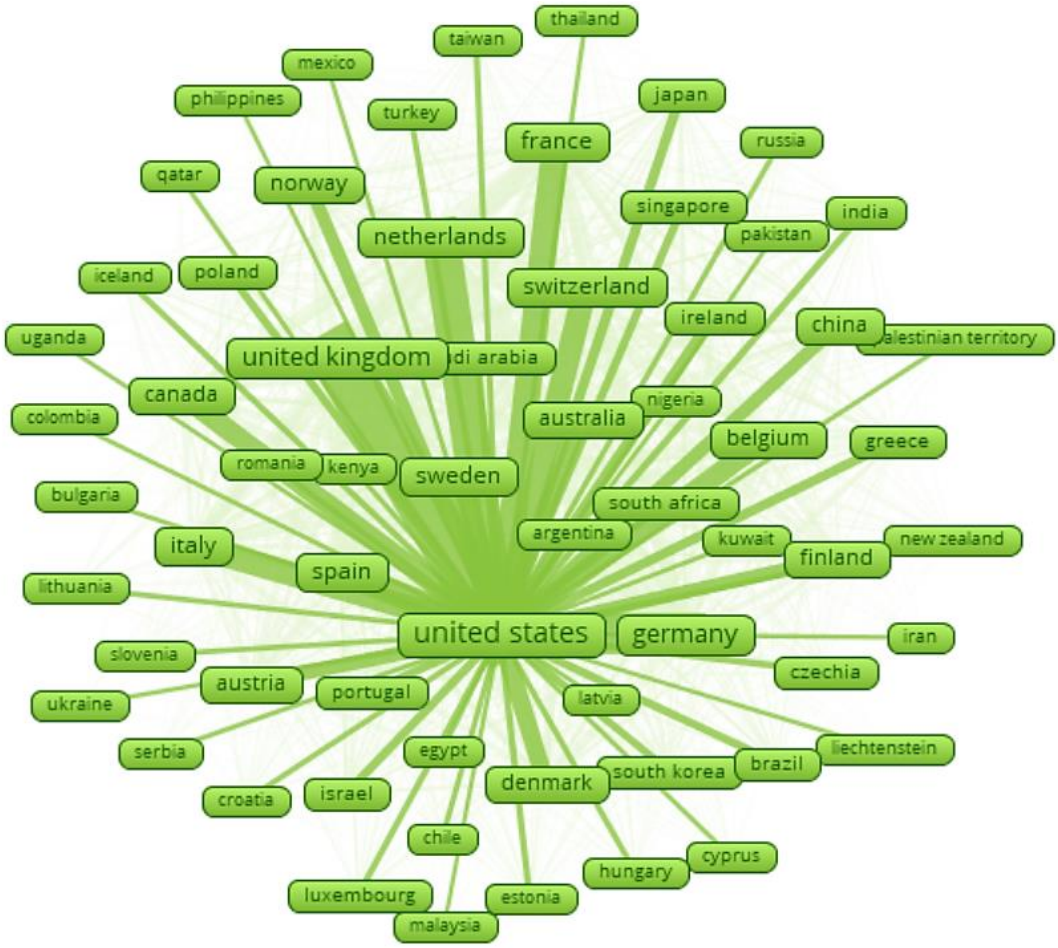
*Blue columns indicate a domestic city collaboration; green columns indicate an international city cluster

United States collaboration network

When considering a minimum of ten internationally collaborated publications, the United States has collaborated with 61 other countries on IMI funded research. The top ten countries (by number of publications) collaborating with the United States on IMI funded research are led by the United Kingdom (2,287) and feature eight other European countries: Germany (1,640), the Netherlands (1,449), Sweden (883), France (877), Spain (815), Italy (783), Switzerland (766) and Belgium (593). The only non-European country to feature in the top ten countries with the United States was Canada (641), which ranked ninth (Figure 7.5.6). Among the top ten countries collaborating with the United States, Belgium had the highest field-normalized citation impact, at 5.72.

See Annex 5, Table A5.10 for a detailed list of the top countries collaborating with the United States, ranked by number of publications. Only countries with a minimum of ten publications are displayed.

Figure 7.5.6: Collaborations between the United States and the rest of the world for IMI funded research where there are ten or more publications, 2010–2025



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*The width of the lines indicates the volume of IMI funded research between the United States and other countries
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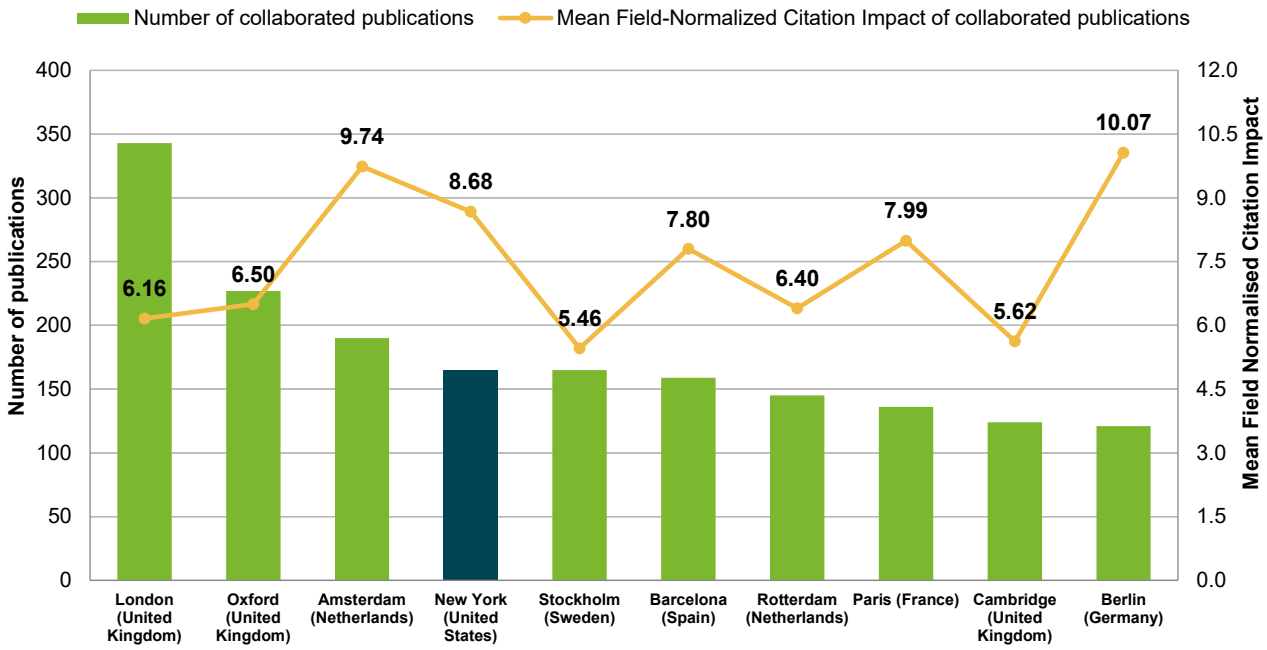
Boston + Cambridge (USA) city cluster collaboration

International collaborations for IMI funded research dominate the collaboration profile of Boston + Cambridge. In fact, nine of the top ten cities collaborating with Boston + Cambridge are located in Europe. Domestically, Boston + Cambridge (USA) collaborates the most on IMI funded publications with New York (165). However, collaborations between Boston + Cambridge (USA) and Berlin generated the highest field-normalized citation impact (10.07), followed by Amsterdam (9.74) and New York (8.68) (Figure 7.5.7).

In Boston, the top five research organizations by publication volume include Harvard University (501), Massachusetts General Hospital (236), the Broad Institute (151), the Brigham and Women's Hospital (139) and Boston University (107).

See Annex 5, Table A5.11 for a list of the top 50 cities collaborating with Boston, ranked by number of publications.

Figure 7.5.7: Top city collaborations for IMI funded research from Boston + Cambridge, 2010–2025



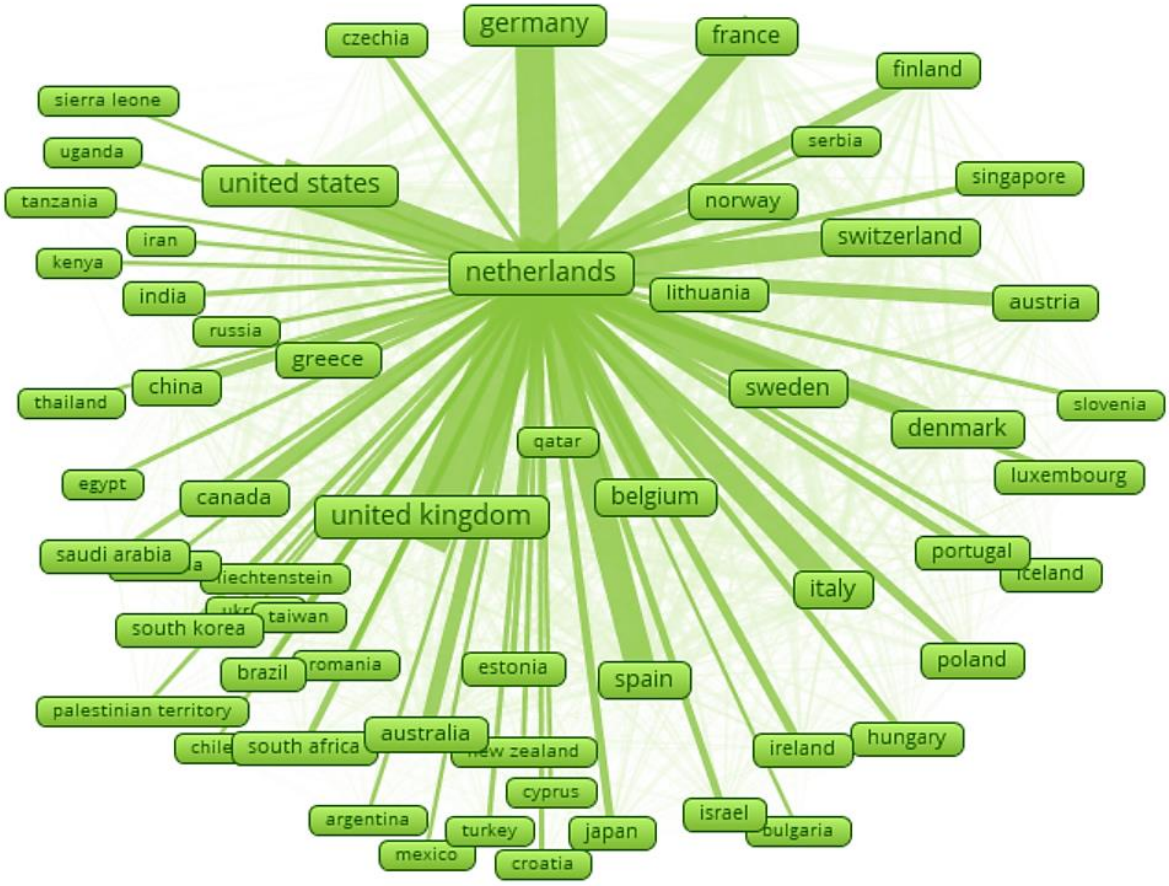
*Blue columns indicate a domestic city collaboration; green columns indicate an international city cluster

The Netherlands collaboration network

When considering a minimum of ten internationally collaborated publications, the Netherlands has collaborated with 61 other countries on IMI funded research. In their top ten collaboration network, the United Kingdom leads with 2,258 publications, while the United States (1,449) and Switzerland (779) are the only other countries outside the EU (Figure 7.5.8). Among collaborating countries with 50 or more IMI publications, South Korea (14.50), South Africa (14.48) and Portugal (12.55) all yielded field-normalized citation impacts of at least ten times the world average.

See Annex 5, Table A5.12 for a detailed list of the top countries collaborating with the Netherlands, ranked by number of publications. Only countries with a minimum of ten publications are displayed.

Figure 7.5.8: Collaborations between the Netherlands and the rest of the world for IMI funded research where there are ten or more publications, 2010–2025



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*The width of the lines indicate the volume of IMI funded research between the Netherlands and other countries
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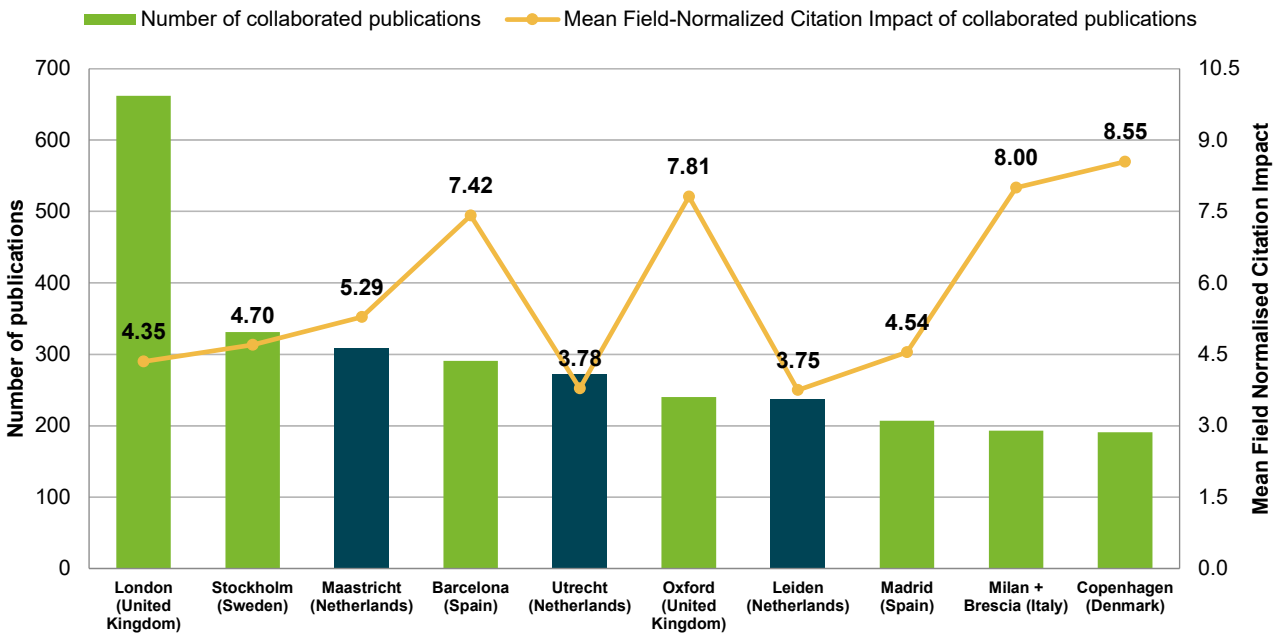
Amsterdam city cluster collaboration

The Amsterdam city cluster collaborated with London on 662 publications — exactly double the number of publications in collaboration with Stockholm (331), which ranks second. Amsterdam's international collaborations are dominated by partnerships across Europe including other cities such as Barcelona (291), Oxford (240), Madrid (207), Milan + Brescia (193) and Copenhagen (191) (Figure 7.5.9). Among the top ten city collaborations, IMI funded research between Amsterdam and Copenhagen yielded the highest field-normalized citation impact (8.55). Similar to Berlin, Amsterdam has a strong domestic collaboration profile for IMI funded research, with collaborations in the top ten including Maastricht (309), Utrecht (272) and Leiden (237).

The leading organizations for IMI funded publications in the Amsterdam cluster include VU University Medical Centre (431), Vrije Universiteit Amsterdam (374), Amsterdam Neuroscience (329), University of Amsterdam (324) and the Amsterdam University Medical Centers (206).

See Annex 5, Table A5.13 for a list of the top 50 cities collaborating with Amsterdam ranked by number of publications.

Figure 7.5.9: Top city collaborations for IMI funded research from Amsterdam, 2010–2025



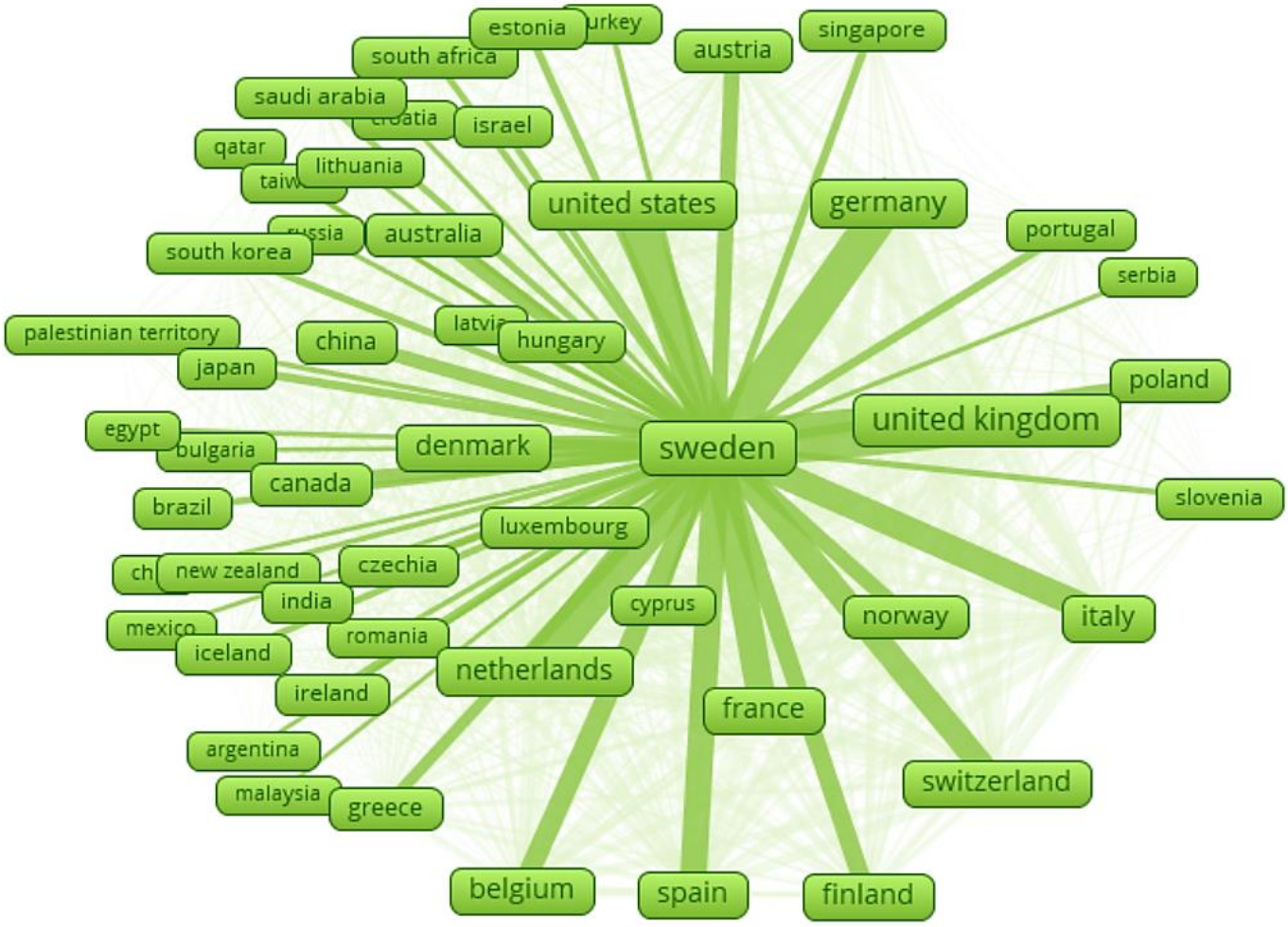
*Blue columns indicate a domestic city collaboration; green columns indicate an international city cluster

Sweden collaboration network

Much like the countries noted above, the top ten collaborating countries working with Sweden on IMI funded research are dominated by EU countries — Germany (911), the Netherlands (887), France (603), Italy (562), Spain (547), Denmark (414) and Belgium (366) — with the United Kingdom (1,294), the United States (883) and Switzerland (508) rounding out this group by publication volume (Figure 7.5.10). Among this subset of countries collaborating with Sweden, collaborations with Belgium (5.98) and Denmark (5.77) have the highest field-normalized citation impact.

See Annex 5, Table A5.14 for a detailed list of the top countries collaborating with Sweden ranked by number of publications. Only countries with a minimum of ten publications are displayed.

Figure 7.5.10: Collaborations between Sweden and the rest of the world for IMI funded research where there are ten or more publications, 2010–2025



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*The width of the lines indicates the volume of IMI funded research between Sweden and other countries
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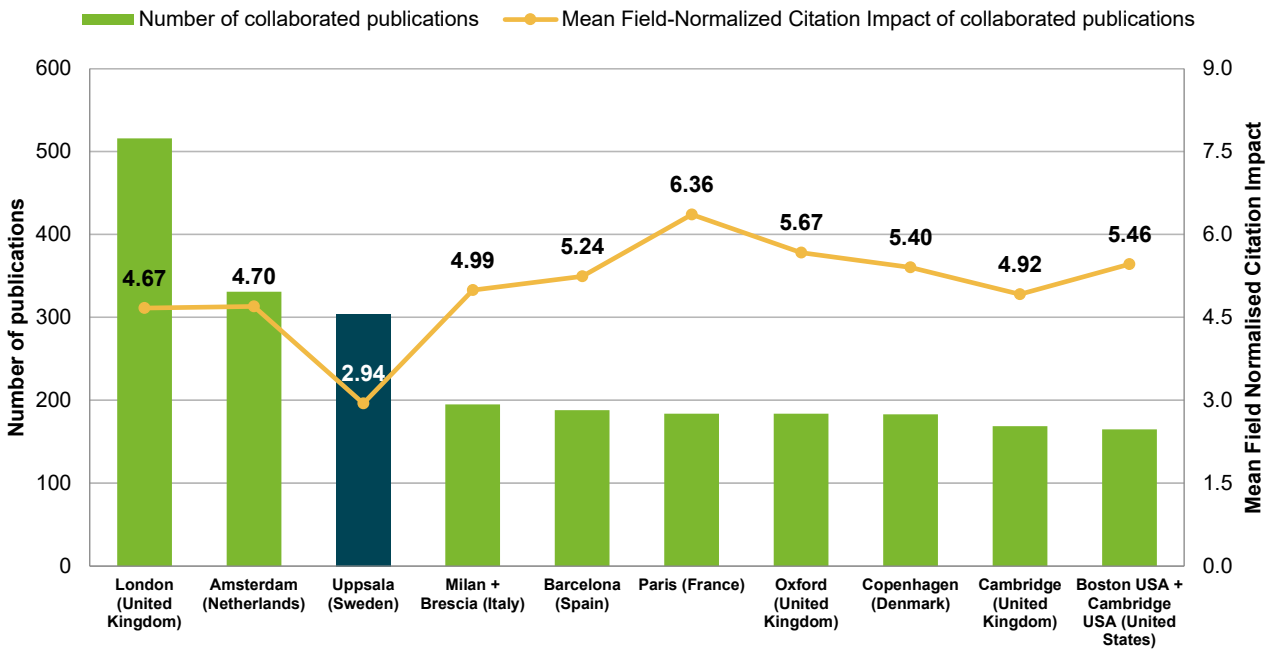
Stockholm city cluster collaboration

The Stockholm city cluster has the most collaborative publications with London (516). Nine of the top ten city collaborations with Stockholm are international. Uppsala (304) is the only domestic collaborator in the top ten (Figure 7.5.11). Among the top ten, collaborations between Stockholm and Paris (6.36) and Oxford (5.67) have the highest field-normalized citation impact.

Karolinska Institutet (1,253), Karolinska University Hospital (470), KTH Royal Institute of Technology (109), Stockholm Regional Council (103) and Stockholm University (83) are the leading organizations within the Stockholm cluster for IMI funded research for publication volume.

See Annex 5, Table A5.15 for a list of the top 50 cities collaborating with Stockholm ranked by number of publications.

Figure 7.5.11: Top city collaborations for IMI funded research from Stockholm, 2010–2025



*Blue columns indicate a domestic city collaboration; green columns indicate an international city cluster

8. Benchmarking analysis comparing IMI funded research with ten international research funders

Section 8.1 to 8.6 compares IMI funded research with the research generated from a selection of ten international research funders and the European Research Council (ERC). This benchmarking exercise starts with a comparison of publication output and publishing trends over time before using a series of indicators to measure citation impact. These indicators include field-normalized citation impact and the proportions of papers that are highly cited. The section concludes with a comparative analysis of open access publishing.

Key highlights:

- IMI research papers rank third when comparing the field-normalized citation impact (2.28) across ten international research funders, only trailing the Medical Research Council (2.33) and the Wellcome Trust (2.33).
- IMI research papers rank first based on their share of highly cited papers. Almost one-third (30.9%) of all IMI funded papers are in the top 10% most cited papers globally in their research field.
- In 2025, 6.8% of IMI funded research papers are noted in the top 1% highly cited and 30.3% of papers in the top 10% highly cited.
- IMI ranks third among the comparator funders for open access publishing (84.9%), with three of the ten selected comparator funders publishing more than 80% of papers via open access.

8.1 Summary of bibliometric indicators comparing IMI funded research with selected comparators

Although IMI has only been funding research for slightly more than a decade, its performance compares well with established funders who have been active for much longer. This is evident in the summary of bibliometric indicators, where IMI is compared against ten international health research funders which have been used to benchmark research supported by IMI (Table 8.1.1). These comparators span multiple regions of the world, including Europe, North America, and the Asia–Pacific region.

Table 8.1.1: Summary of bibliometric indicators comparing IMI funded research against ten selected comparators, 2010–2025

Comparator	Country	Region	Number of Publications	Number of Papers	Mean Field-Normalized citation impact of Publications	% of Highly Cited Papers	% of Open Access Papers
Innovative Medicines Initiative (IMI)	Belgium	Europe	15,752	14,232	2.28	30.9%	84.9%
Medical Research Council (MRC)	United Kingdom	Europe	236,370	211,401	2.33	28.7%	86.3%

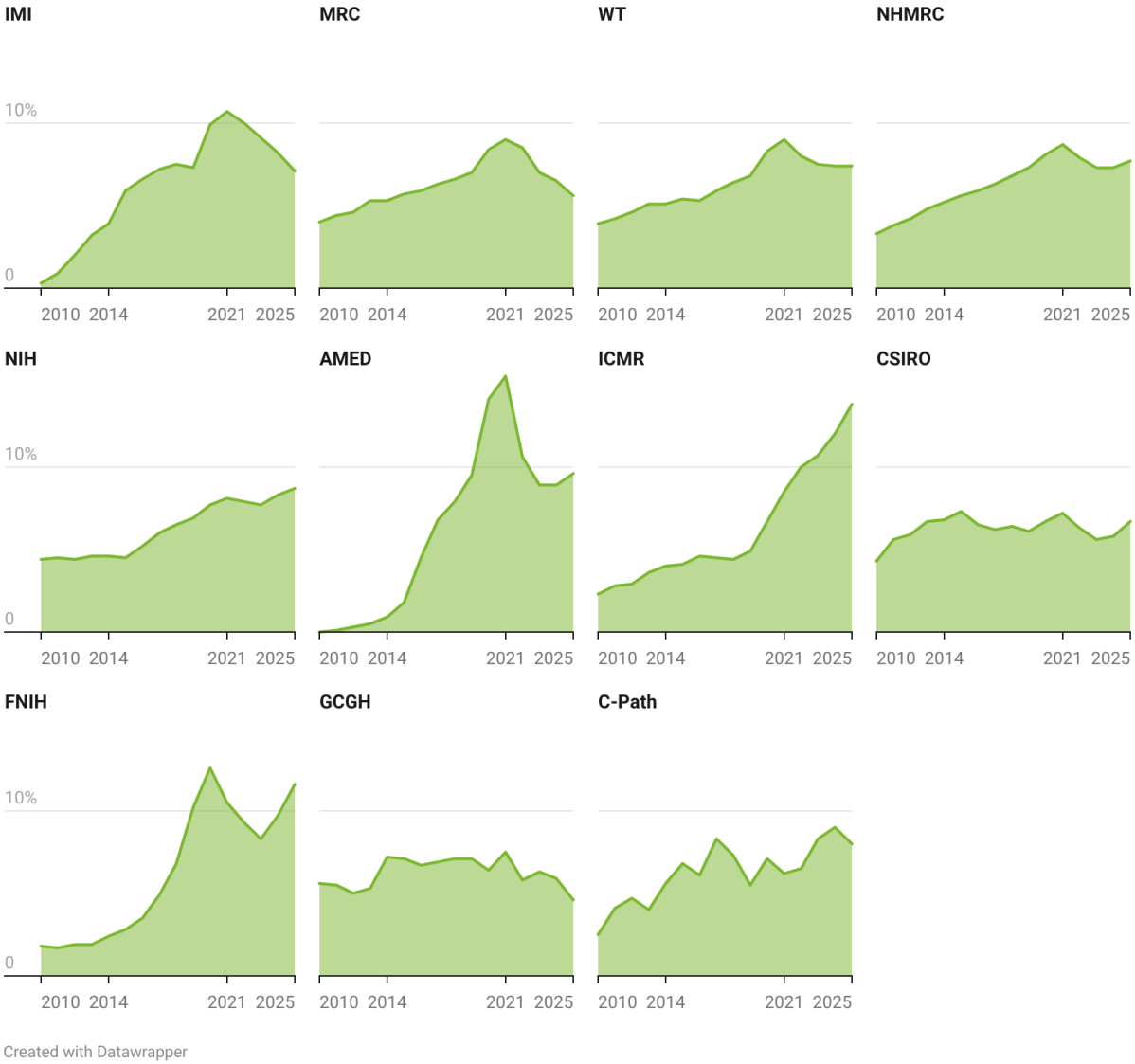
Wellcome Trust (WT)	United Kingdom	Europe	179,409	167,445	2.33	28.9%	91.1%
National Health and Medical Research Council (NHMRC)	Australia	Australia	121,053	113,155	1.86	23.6%	75.0%
National Institutes of Health (NIH)	United States	North America	120,679	103,695	1.82	24.3%	79.9%
Japan Agency for Medical Research and Development (AMED)	Japan	Asia	63,996	59,533	1.35	17.0%	72.5%
Indian Council of Medical Research (ICMR)	India	Asia	34,964	32,778	0.98	12.1%	47.6%
Commonwealth Scientific and Industrial Research Organisation (CSIRO)	Australia	Australia	25,767	24,256	1.60	22.1%	61.7%
Foundation for the National Institutes of Health (FNIH)	United States	North America	20,774	19,711	1.94	24.3%	83.6%
Grand Challenges in Global Health (GCGH)	United States	North America	2,735	2,550	1.86	23.6%	78.4%
Critical Path Institute (C-Path)	United States	North America	925	834	1.58	17.6%	65.8%

8.2 Trends in research output comparing IMI funded research with selected comparators

The contribution of IMI funded research to the total number of papers supported across the ten comparators included in the benchmarking analysis has grown over the 2010–2025 period (Figure 8.2.1). A comparison of the total volume of publications between 2010 and 2025 for IMI funded research (15,752) against that of the ten comparators indicates that IMI ranks nineth for total volume.

The MRC (236,370) and the WT (179,409) have 15 times and more than 11 times the volume of funded publications, respectively. Despite IMI funded research contributed only 1.89% of total papers among the comparator set, between 2010 and 2025 IMI funded research has a compound annual growth rate (CAGR) of 24.4%. The Japan Agency for Medical Research and Development (AMED) is the only comparator with a higher CAGR for that period at 53.8%. With a CAGR of 13.1%, the United States Foundation for the National Institutes of Health (FNIH) places third.

Figure 8.2.1: Trends in share of paper volume comparing IMI funded research against ten selected comparators, 2010–2025

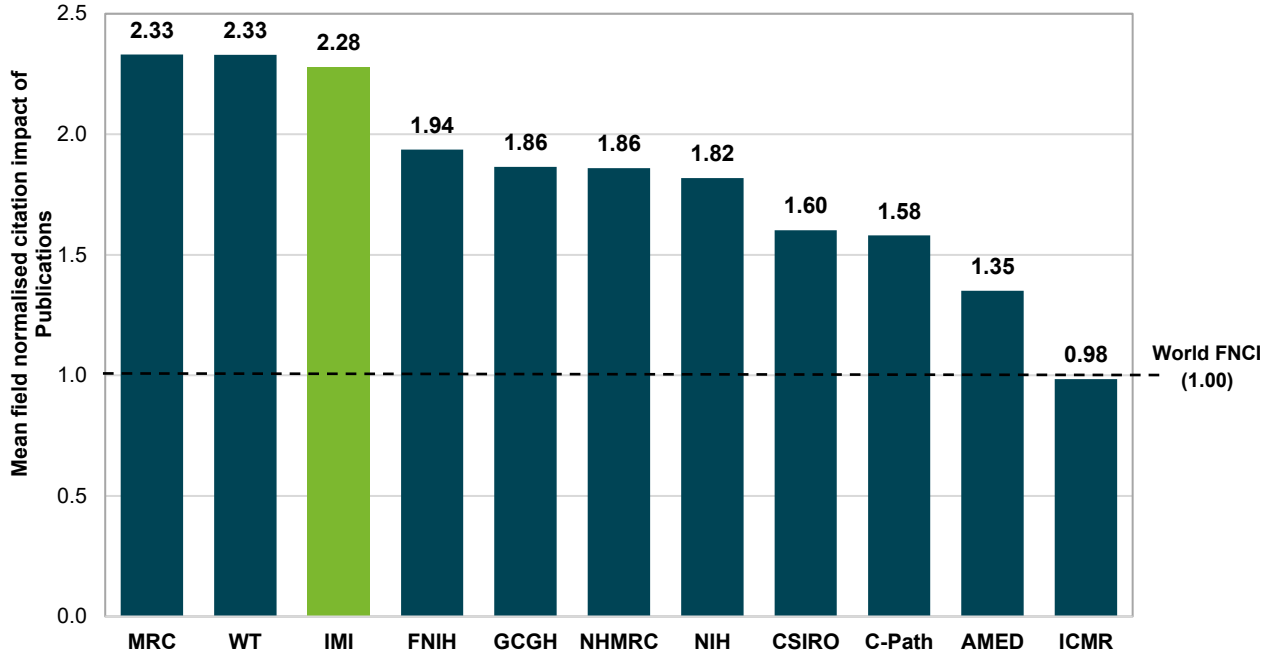


See Annex 6, Table A6.1 for a breakdown of the total number of papers for IMI compared with the selected comparators in this analysis for every year between 2010 and 2025.

8.3 Field-normalized citation impact comparing IMI funded research with selected comparators

Although IMI funded research has not been produced at the same volume as some of the comparators, the field-normalized citation impact for IMI funded publications sits third at 2.28 (Figure 8.3.1), narrowly behind the MRC (2.33) and WT (2.33).

Figure 8.3.1: Mean field-normalized citation impact for IMI funded research compared with the ten selected comparators, 2010–2025

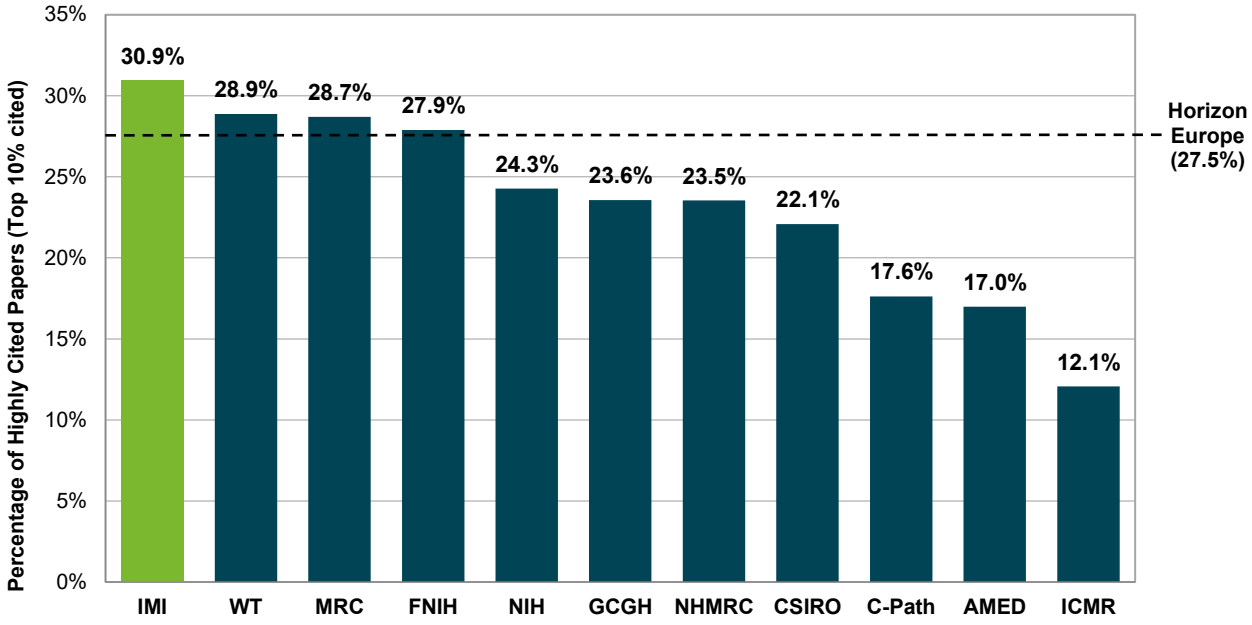


See Annex 6, Table A6.2 for a breakdown of the field-normalized citation impact for IMI compared with the selected comparators in this analysis, for each year between 2010 and 2025.

8.4 Highly cited research (top 10%) comparing IMI funded research with selected comparators

IMI ranks first among the comparator set for highly cited papers. Almost one-third (30.9%) of all IMI funded research papers between 2010 and 2025 are in the top 10% most cited papers globally in their research field (Figure 8.4.1). WT (28.9%), the MRC (28.7%), the FNIH (27.9%) and the NIH (24.3%) round out the top five.

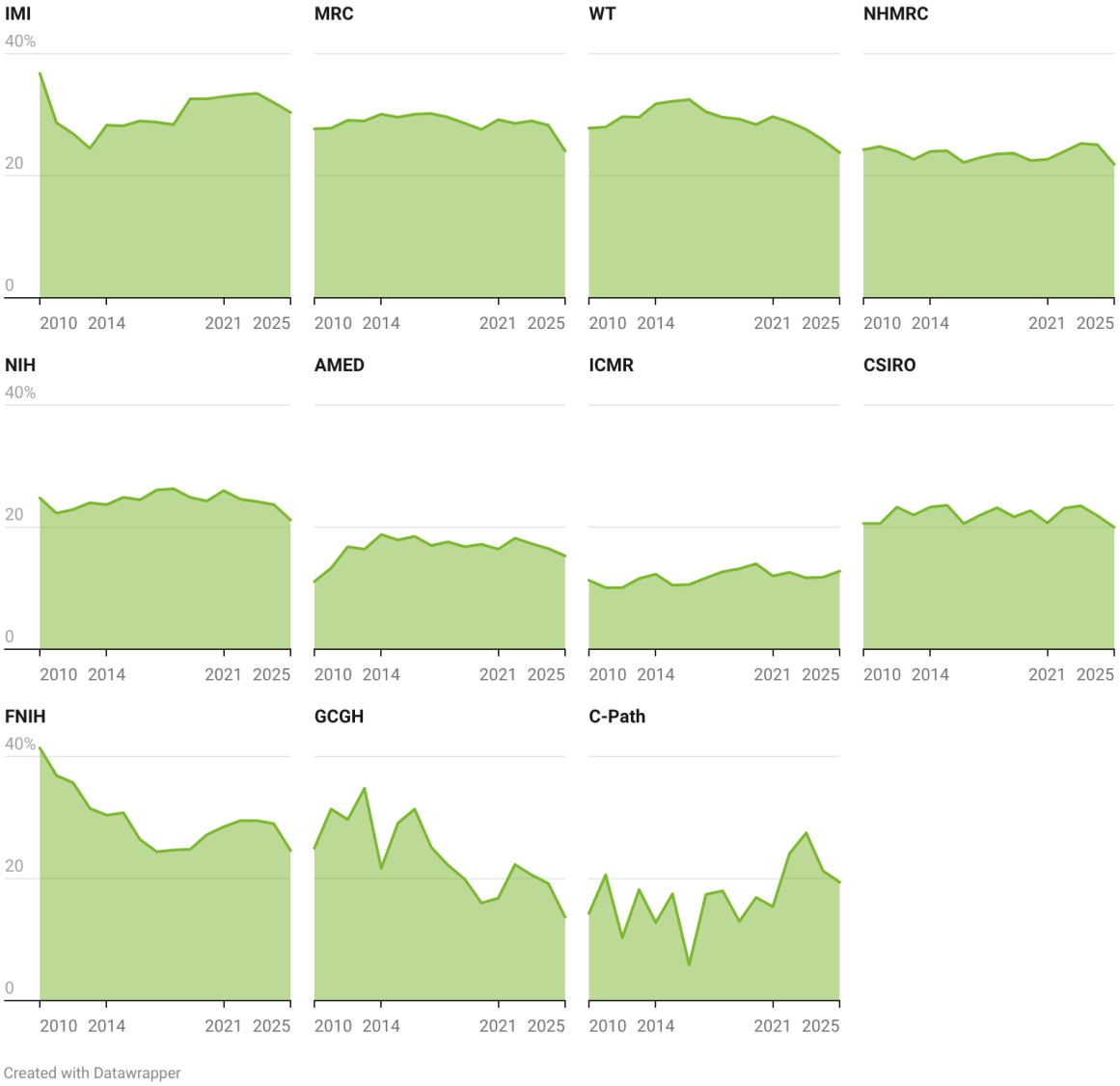
Figure 8.4.1: Percentage of highly cited papers – IMI funded research compared with selected comparators[15], 2010–2025



Since 2019, IMI has ranked first among the ten selected comparators for its share of highly cited papers per year, with the yearly share of papers that are highly cited peaking in 2023 at 33.5% (Figure 8.4.2). Sitting in second and third, Wellcome Trust (WT) and MRC each have had individual years in which they were ranked first for share of highly cited papers prior to 2019.

[15] Horizon Europe has been included in this benchmark analysis as a funding program rather than as a funding organisation

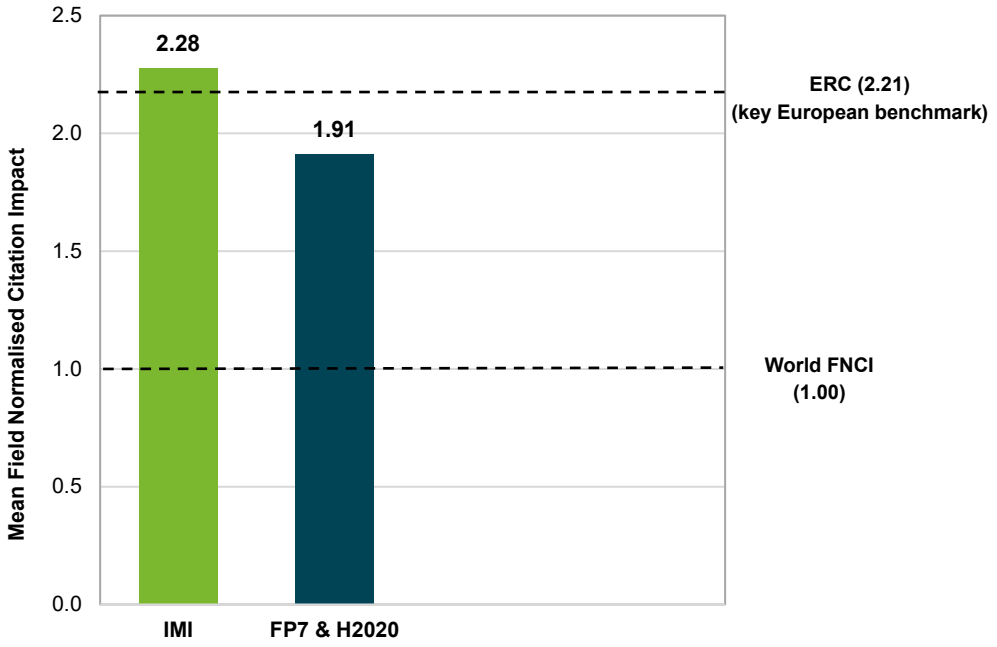
Figure 8.4.2: Trends in share of highly cited papers from total number of papers per year — IMI funded research compared with selected comparators, 2010–2025



See Annex 6, Table A6.3 for a breakdown of the percentage of highly cited papers (top 10%) from the total number of papers published for each year between 2010 and 2025, comparing IMI with the ten selected comparators in this analysis.

With a mean field-normalized citation impact of 2.28, IMI compares well to the ERC (2.21) and the combined result for the funding programmes FP7 and H2020 (1.91) (Figure 8.4.3).

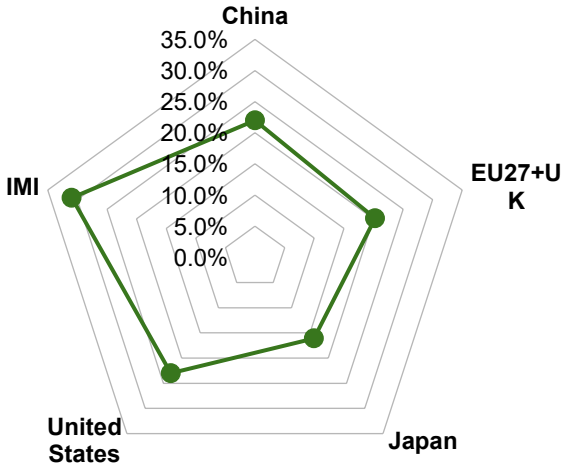
Figure 8.4.3 Mean field-normalized citation impact for IMI funded research benchmarked with the European Research Council and European funding programmes, 2010-2025



8.5 Highly cited research (top 1% & 10%) comparing IMI funded research with selected regions

Almost one-third (30.9%) of all IMI funded research papers between 2010 and 2025 are featured in the top 10% most cited papers globally in their research field. IMI ranks first among the selected comparator regions by this measure, followed by the United States with 23.0% and China with 22.0% highly cited papers (Figure 8.5.1)[16].

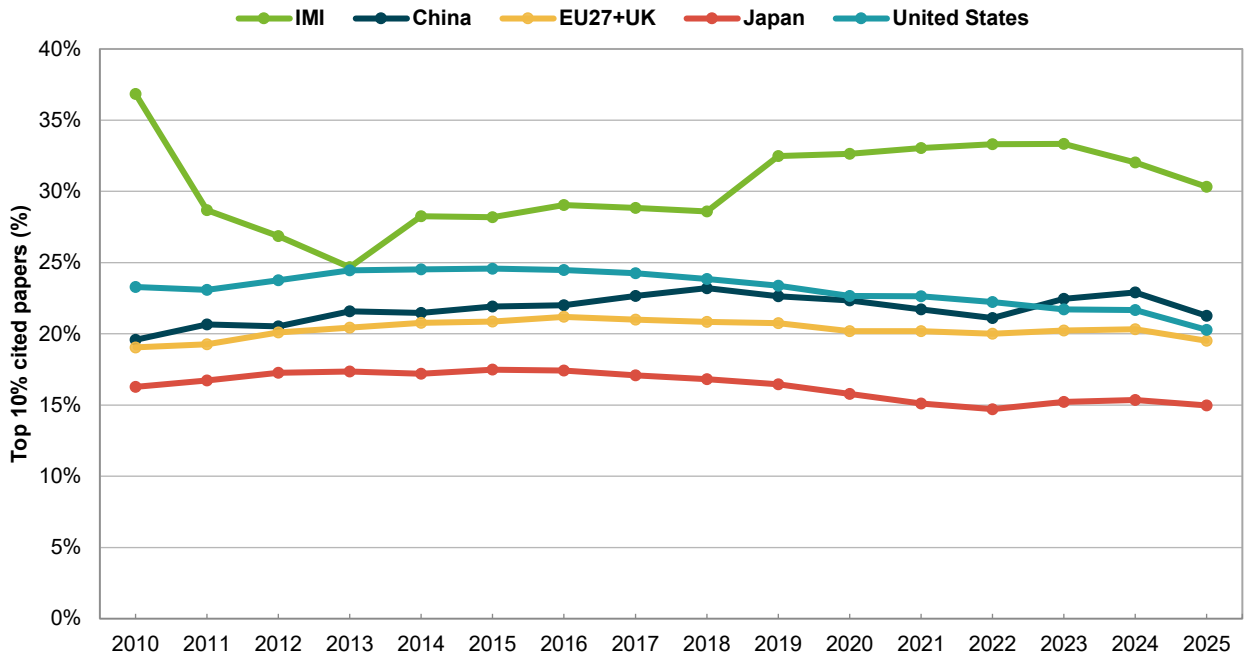
Figure 8.5.1: Percentage of highly cited (top 10%) papers – IMI funded research compared with selected comparators regions, 2010–2025



[16] Data criteria: To compare against the selected comparator regions for highly cited papers (top 1% and 10% most cited), only articles and reviews published in journals housing IMI or IHI papers have been included.

IMI ranked first among the selected comparator regions based on the share of its funded research papers featuring in the top 10% most cited papers globally in their research field throughout the analyzed period (Figure 8.5.2). In 2023, 33.5% of IMI funded papers were in the top 10% highly cited papers.

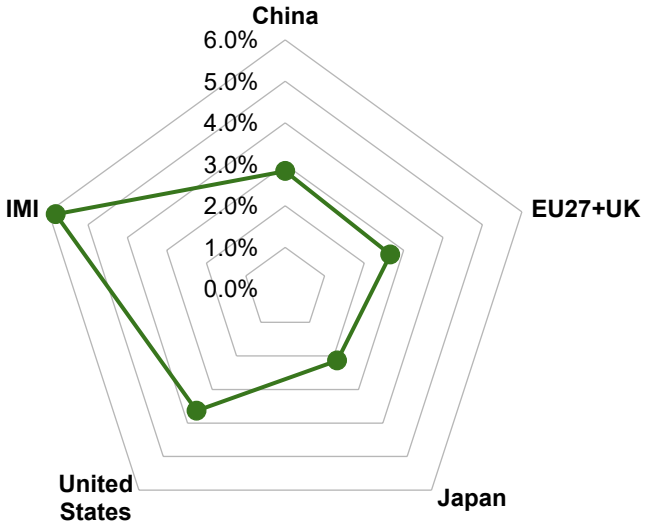
Figure 8.5.2: Trends in share of highly cited (top 10%) papers from total number of papers per year — IMI funded research compared with selected comparators regions, 2010–2025



See Annex 6, Table A6.4 for a breakdown of the percentage of highly cited papers (top 10%) from the total number of papers published for each year between 2010 and 2025, comparing IMI with the selected comparator regions in this analysis.

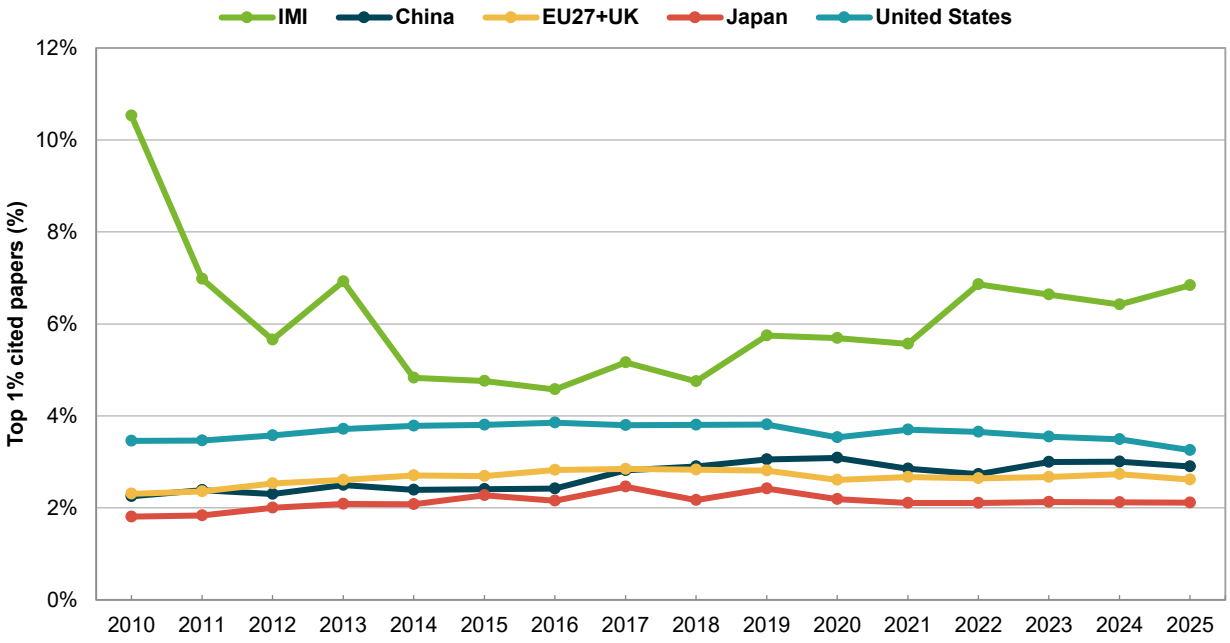
Of all IMI funded research papers published between 2010 and 2025, 5.8% are featured in the top 1% most cited papers globally in their research field (Figure 8.5.3). IMI ranks first among the selected comparator regions by this measure, followed by the United States with 3.6% and China with 2.8% highly cited papers (top 1%).

Figure 8.5.3: Percentage of highly cited (top 1%) papers — IMI funded research compared with selected comparators regions, 2010–2025



IMI consistently ranks first among the selected comparator regions based on the share of its funded research papers featuring in the top 1% most cited papers globally in their research field across the analyzed period (Figure 8.5.4). Over the past 5 years, the highest proportion of IMI funded research papers appearing in the top 1% highly cited occurred in 2022, at 6.9%. Of note, the relatively small sample size of IMI funded papers published in 2010 can be interpreted as an outlier in this trend analysis.

Figure 8.5.4: Trends in share of highly cited (top 1%) papers from total number of papers per year — IMI funded research compared with selected comparators regions, 2010–2025

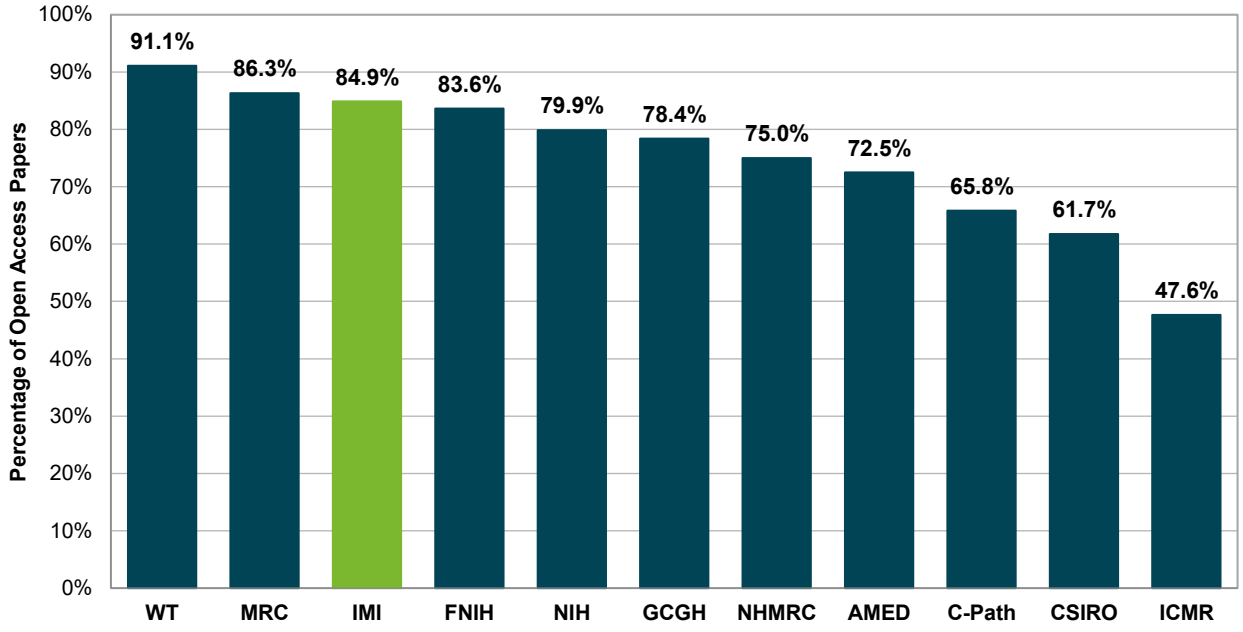


See Annex 6, Table A6.5 for a breakdown of the percentage of highly cited papers (top 1%) from the total number of papers published for each year between 2010 and 2025, comparing IMI with the selected comparator regions in this analysis.

8.6 Trends on open access publishing comparing IMI funded research with selected comparators

Research funded by the WT leads by proportion for open access publishing at 91.1% for papers published between 2010 and 2025 (Figure 8.6.1). For three of the ten comparative funders, more than 80% of their respective funded research papers are published via open access — WT, MRC and FNIH. IMI funded research ranks third in open access publishing against the comparator set at 84.9%.

Figure 8.6.1: Total percentage of open access papers — IMI research compared with selected comparators, 2010–2025



See Annex 6, Table A6.6 for a breakdown of the percentages of open access papers from the total number of papers published for each year between 2010 and 2025, comparing IMI with the ten selected comparators in this analysis.

Annexes

Annex 1: Data limitations and glossary

Data limitations

Bibliometric and citation analysis originated in the 1950s[17]. Since then, citation analysis has been used as a proxy to measure the impact and quality of research. Citation analysis is based on researchers referencing or 'citing' other academic literature that is relevant to their own work and builds on the scientific literature in that field or discipline.

While citation analysis should be considered a valuable indicator of research quality and impact, there are limitations that are important to be aware of when assessing bibliometrics. These include:

Database used: There is no database which captures all scientific literature[18]

Subject field: Citation rates vary between disciplines and this can affect results, for example medicine research is cited far more than economics.[19]

Type of publication Among the varying publication types, some, such as reviews, are cited far more frequently than others.[20]

Publication date: Older papers will inherently have more citations than papers published more recently

Citation distribution: Some publications are very highly cited, and many get cited rarely or never.[21] Very highly cited research is often a recognition of the significance of that research to the field.

Research volume: The number of publications and papers produced from funded research is a measure of productivity, however, small sample sizes of papers can have significant effects on citation and field-normalized citation analysis. The addition of a small subset of highly cited publications can lead to substantial changes in impact indicators.

Subject categorization: There are multiple methods to classify research output into different fields, such as journal classification and fields of research classification. Assignment of a complete journal to a classification field assumes that the content of every article in the journal is aligned to that research field.[22]

Using one indicator in isolation: Each indicator has its own set of limitations, for example an output volume provides a measure of productivity but no indication of quality or impact.

All things considered, citation analysis is a valuable tool to support research evaluations and should ideally be coupled with some form of qualitative assessment or expert review of the research. This is in line with the recommendations of the San Francisco Declaration on Research Assessment.[23]

The limitations outlined above can be minimized by using large datasets of literature, the application of normalized metrics, such as the field-normalized citation impact, and the use of multiple metrics together to diminish the effect of using any one metric in isolation.

[17] Garfield, E. *Citation Indexes for Science – New dimension in documentation through association of ideas. Science* **122**, 108–1–11.(1995)
[18] Agarwal A,*et al*. Bibliometrics: tracking research impact by selecting the appropriate metrics. *Asian J Androl*. **18**, 296–309. (2016).
[19] Dorta-González, P., Dorta-González, M. Citation differences across research funding and access modalities. *JAL* 49, 4. 102734 (2023).
[20] Miranda R., Garcia-Carpintero E. Overcitation and overrepresentation of review papers in the most cited papers. *J Infometrics.* 12, 4 (2018).
[21] Jamjoom HZ, Gahtani AY, Jamjoom AB. Predictors of citation rates for research publications in Neurosciences. *Neurosciences (Riyadh)*. **27**, 2 (2022).
[22] Shu, F, *et al*. Comparing journal and paper level classifications of science. *J Infometrics.* 13, 1 (2019).
[23] San Francisco Declaration on Research Assessment https://sfdora.org/read/

For this bibliometric assessment, Nature Research Intelligence has employed a multifaceted approach to creating the dataset used for the analysis. All avenues have been exhausted to ensure that the recall and precision of the dataset is optimal. It is difficult to judge how many publications that should be attributed to IMI or IHI JU projects have not been captured. Nature Research Intelligence does not consider this to have had any effect on the overall results or trends noted in the report.

Some slight variations in year-on-year publication numbers are noted from the previous annual bibliometric reports, which results from academic publishers altering the publication date and this information feeding into Web of Science. These changes are minimal and have no effect on the overall identified trends.

This report is designed to be a bibliometric report and does not provide context on the societal impact of the research used in the dataset. There is a growing drive for research to be linked with its broader impact on communities and such research which has had positive effects is considered of high value. Broader impacts are often part of funding agencies' review criteria for research grants.[24] Societal impact is difficult to attribute using citation counts as citations are mostly used for measuring academic impact. Citations have high importance to reflect intra-scientific use, however, the application of the research is far less likely to be captured by citation counts in such journals[25].

Glossary

Table A1.1 Data and metrics glossary

Data and metric	Definition[26]
Publication type	Classification of the content, for example article, review, conference abstract, letter to editor, research chapter, conference paper, editorial, other journal content, correction erratum, reference work
Research area	Research areas constitute a subject categorization scheme. As a result, you can identify, retrieve and analyze documents about the same subject.
Institution assignment	A publication is assigned to each institution whose address appears at least once for any author. An institution assignment can only be counted once for each paper so if two Harvard University researchers appear in a publication, the publication is counted only once for Harvard University. We have applied no weighting or fractionalized 'share' for an institution.
Country assignment	A publication is assigned to each country whose address appears at least once for any author. Country assignment can only be counted once for each paper, so if two researchers from Belgium appear on a publication, the publication is counted only once for Belgium. We have applied no weighting or fractionalized 'share' for a country.
Publications	Includes all content types: Article, Review, Conference Abstract, Letter to Editor, Research Chapter, Conference Paper, Editorial, Other Journal Content, Correction Erratum, Reference Work
Paper	A subset of publications that only includes substantive research 'Article' and 'Review' that are peer reviewed.
Article	Literature which reports research on original works. Includes research papers, features, brief communications, case reports, technical notes, chronology, and full papers that were published in a journal and/or presented at a symposium or conference.
Review	A study of previously published literature. Includes review articles and surveys. It usually does not present any new information on a subject.
Open access	Open access (OA) refers to the free, immediate, online availability of research outputs such as journal articles or books, combined with the rights to use these outputs fully in the digital environment. OA content is open to all and has no access fees.
Citation	When a publication appears in the reference list of another publication.

[24] Langfeldt L., Scordato L. *Assessing the broader impacts of research: A review of methods and practices* (NIFU Working Paper 8/2015). Oslo (2015).
[25] Aksnes, D.W., Langfeldt, L., Wouters, P. Citations, citation indicators, and research quality: an overview of basic concepts and theories. *Sage Open* **9** https://doi.org/10.1177/2158244019829575 (2019).
[26] https://clarivate.libguides.com/home

Citation count	The aggregate number of academic citations a given publication or group of publications has received.
Uncited publication/paper	A publication or paper that has not appeared in the reference list of another publication.
Average citations per paper/publication	Dividing the sum of citations by the total number of papers/publications in any given dataset.
Collaboration	Publication with more than one author.
Domestic collaboration	Research partnership between co-authors affiliated with a single country.
International collaboration	Research partnership between co-authors affiliated with two or more countries.
Cross-sector collaboration	Research partnership between co-authors affiliated with two or more sectors.
Single sector collaboration	Research partnership between co-authors affiliated with a single sector.
Cross-institution collaboration	Research partnership between co-authors affiliated with two or more institutions.
Single institution collaboration	Research partnership between co-authors affiliated with a single institution.
Cross-stakeholder collaboration	Research partnership between co-authors affiliated with two or more stakeholders.
Single stakeholder collaboration	Research partnership between co-authors affiliated with a single stakeholder.
Cross-industry sector collaboration	Research partnership between co-authors affiliated with two or more industry sectors.
Single industry sector collaboration	Research partnership between co-authors affiliated with a single industry sector.
Academic–Industry collaboration	Publications with at least one author from an academic institution and one author from a corporate entity.
Field-normalized citation impact (FNCI)	The ratio of the number of times a publication is cited compared to the number of expected citations. Anything over 1 means it was cited more than expected. The ratio is calculated by dividing an actual citation count by an expected citation rate for documents with the same document type, year of publication and subject area. The expected citation rate is calculated by dividing the actual citation count by the citation count per document type, year and subject area. When a document is assigned to more than one subject area, the harmonic average is used. The category normalized citation impact (CNCI) of a set of documents is the average of the CNCI values for all the documents in the set
Hot publications/papers	Publications/papers that received enough citations to place them in the top 0.1% of papers in their research field, year of publication and document type.
Highly cited publications/papers	Publications/papers that have received enough citations to place them in the top 10% of papers in their research field, year of publication and document type.
Journal impact factor	Impact factors are commonly used to evaluate the relative importance of a journal within its field and to measure the frequency with which the 'average article' in a journal has been cited in a particular period. Example: 2022 impact factor =A/B[27] where A is the number of times articles published in 2019 and 2020 were cited by indexed journals during 2021. B is the total number of citable items published by that journal in 2019 and 2020.
Compound annual growth rate (CAGR)	The compound annual growth rate (CAGR) is the annualized average rate of publication growth between two given years, assuming growth takes place at an exponentially compounded rate. The CAGR between years X and Z, where Z – X = N, is the number of years between the two given years and is calculated as follows: CAGR, year X to year Z = [(value in year Z/value in year X)^ (1/N)-1]

[27] Sharma M, Sarin A, Gupta P, Sachdeva S, Desai AV. *et al.* Journal impact factor: its use, significance and limitations. *World J Nucl Med.* **13,** (2):146 (2014)

Stakeholders and Industry Sector Classifications

Table A1.2 IHI JU - Stakeholder types definitions (as provided by IHI JU)

<table>
<tr><th>Types of IHI stakeholder</th><th>Definitions</th></tr>
<tr><td>1) Research / higher or secondary education organizations (private or public)</td><td><u>Organization type:</u>

a) Universities
b) Research and Technology organizations (RTOs)
c) Other

<u>Definitions:</u>

<u>Universities:</u> A university is an institution of higher education and research which awards academic degrees in several academic disciplines. Universities typically offer both undergraduate and postgraduate programmes in different schools or faculties of learning.

<u>RTOs:</u> RTOs tend to be public or private non-profit organizations that provide a range of research, development and technology services, principally to business and governments.</td></tr>
<tr><td>2) Small and medium-sized enterprises (SME)</td><td>Small and medium-sized enterprises (SMEs) including start-ups are defined in the EU recommendation 2003/361. The main factors determining whether an enterprise is an SME are
Staff headcount
Either turnover or balance sheet total
<table>
<tr><th>Company category</th><th>Staff headcount</th><th>Turnover</th><th>Balance sheet total</th></tr>
<tr><td>Medium-sized</td><td>< 250</td><td>≤ € 50 M</td><td>≤ € 43 M</td></tr>
<tr><td>Small</td><td>< 50</td><td>≤ € 10 M</td><td>≤ € 10 M</td></tr>
<tr><td>Micro</td><td>< 10</td><td>≤ € 2 M</td><td>≤ € 2 M</td></tr>
</table></td></tr>
<tr><td>3) Mid-caps companies</td><td>Company (for profit legal entity) with an annual turnover of less than EUR 500 million and not under the direct or indirect control of a legal entity of a company with an annual turnover of EUR 500 million.</td></tr>
<tr><td>4) Large company (for-profit legal entity)</td><td>Company (for profit legal entity) with an annual turnover of EUR 500 million or more</td></tr>
<tr><td>If 2) SME, 3) Mid-Cap or 4) Large company is selected</td><td>Specify which Healthcare industry sector it belongs to (Level 2):</td></tr>
<tr><td>a) Pharmaceutical (incl. vaccine)</td><td>The pharmaceutical industry discovers, develops, produces, and markets drugs or pharmaceutical drugs for use as medications to be administered (or self-administered) to patients, with the aim to cure them, vaccinate them, or alleviate the symptoms.</td></tr>
<tr><td>b) Biopharmaceutical</td><td>The biopharmaceutical industry discovers, develops, produces, and markets biologic(al) medical drugs, or biologic. A biologic is any pharmaceutical drug product manufactured in, extracted from, or semi synthesized from biological sources. Different from totally synthesized pharmaceuticals, they include vaccines, whole blood, blood components, allergenics, somatic cells, gene therapies, tissues, recombinant therapeutic protein, and living medicines used in cell therapy. Biologics can be composed of sugars, proteins, nucleic acids, or complex combinations of these substances, or may be living cells or tissues. They (or their precursors or components) are isolated from living sources—human, animal, plant, fungal, or microbial. They can be used in both human and animal medicine.</td></tr>
</table>

c) Medical (and digital health) technology

Medical (and digital health) technologies are products, services or solutions used in a healthcare setting. These can be instruments, equipment, appliances, software, implants, reagents, materials, or other articles intended by the manufacturer to be used along the continuum of care. Examples include pregnancy tests, ultrasound equipment, plasters, glasses, stents, MRI, hospital information systems, heart monitor apps, fertility apps, etc.

➔ **Drop-down under "Medical Technology" (Level 3):**

Subset areas:

• Medical imaging is the discipline in charge of generating internal images of the body. It contributes to better, more accurate diagnoses from the outset and, through ongoing monitoring and measuring, allowing for improved care decisions and more effective treatments and outcomes.

X-ray, Computer Tomography (CT), and Nuclear Medicine [Positron emission tomography (PET) and Single-photon emission computerized tomography (SPECT)] all use Ionizing radiation, directing high energy particles (photons), to create anatomical, physiological, or functional, images.

Magnetic Resonance Imaging (MRI) uses radio waves and a magnetic field to provide detailed images of organs and tissues. Diagnostic ultrasound uses high frequency sound waves to create images of the inside of the body.

• Radiation therapy (RT) uses photons from X-rays to impact the tumours and destroy its genetic material avoiding its further growth

• Digital Health (including artificial intelligence, AI) describes the application of Information and communication technologies (ICT) across the whole range of functions that affect the health sector. It includes tools for health authorities and professionals as well as personalised health systems for patients and citizens.

The broad range of health digital products and services includes hospital information systems, electronic medical records and other specialty clinical information systems, integrated health information exchange networks, telemedicine and mobile health, secondary usage non-clinical systems (data analytics, public health, biomedical research)

• Electromedical equipment includes all the electronic devices that are intended for medical use. They span from machines monitoring patient's health in intensive care units, like vital signs monitors also used during surgery, to simple devices which monitor single variables like blood pressure devices or glucometers that can be used by the patient himself.

• Medical devices (MD): 'medical device' means any instrument, apparatus, appliance, software, implant, reagent, material or other article intended by the manufacturer to be used, alone or in combination, for human beings for one or more of the following specific medical purposes:

- diagnosis, prevention, monitoring, prediction, prognosis, treatment or alleviation of disease,
- diagnosis, monitoring, treatment, alleviation of, or compensation for, an injury or disability,
- investigation, replacement or modification of the anatomy or of a physiological or pathological process or state,
- providing information by means of in vitro examination of specimens derived from the human body, including organ, blood and tissue donations, and which does not achieve its principal intended action by pharmacological, immunological or metabolic means, in or on the human body, but which may be assisted in its function by such means.

• In vitro diagnostics (IVD): 'in vitro diagnostic medical device' means any medical device which is a reagent, reagent product, calibrator, control material, kit, instrument, apparatus, piece of equipment, software or system, whether used alone or in combination, intended by the manufacturer to be used in vitro for the examination of

	specimens, including blood and tissue donations, derived from the human body, solely or principally for the purpose of providing information on one or more of the following: (a) concerning a physiological or pathological process or state; (b) concerning congenital physical or mental impairments; (c) concerning the predisposition to a medical condition or a disease; (d) to determine the safety and compatibility with potential recipients; (e) to predict treatment response or reactions; (f) to define or monitoring therapeutic measures. Specimen receptacles shall also be deemed to be in vitro diagnostic medical devices;
d) Biotechnology (non-pharma)	**Biotechnology (non-pharma)** sector includes companies that apply science and technology to living organisms to alter living or non-living materials for the production of knowledge, non-pharmaceutical goods and services. Examples are modification of plant genomes for disease resistance or nutrient enhancement, use of genetically modified microorganisms to produce innovative food and feed ingredients plus other product components such as fragrances, cultivated meat, production of biooils with photosynthetic micro-algae, biofuel produced through contemporary processes from biomass, etc.
5) Non-governmental organizations (NGOs)	Non-profit, voluntary citizens' groups, principally independent from government, which are organized on a local, national or international level to address issues in support of the public good.
6) Healthcare professional organization / Healthcare provider	Healthcare providers encompass organizations that deliver healthcare goods and services. Typical healthcare providers are hospitals, long-term care facilities, providers of ambulatory healthcare, laboratories, nursing care facilities, pharmacies, etc.
7) Patient / citizen organization	Patients' organizations are defined as not-for-profit organizations which are patient focused, and where patients and/or carers (the latter when patients are unable to represent themselves) represent a majority of members in governing bodies. These could be: • General umbrella organizations (e.g. representing either European organizations and/or national umbrella organizations), or • European disease specific organizations (i.e. representing national organizations or individual patients on acute and/or chronic diseases).
8) Regulator or Regulatory body	Regulators refers in this document to the different bodies involved in the processes regulating medical products (e.g., scientific assessment, production of scientific guidelines, scientific advice to manufacturers, granting/refusal/suspension of marketing authorisations, post-market surveillance, withdrawing/recalling of devices put on the market, authorisation and oversight of clinical trials). It includes the European Commission, National Competent Authorities (NCA), the Medical Device Coordination Group (MDCG), and the European Medicines Agency (EMA). Notified Bodies, while designated to perform a regulatory function (verification of medical device/in-vitro diagnostics conformity), cannot be considered as regulators in the strict sense of this definition. However, the potential input and expertise of Notified Bodies may still be relevant for the design and implementation of the activities of the proposed initiative.
9) Notified Body	A notified body is an organization designated - in accordance with (EU) 2017/745 or (EU) 2017/746 - by an EU country to assess the conformity of certain products before being placed on the market. These bodies carry out tasks related to conformity assessment procedures set out in the applicable legislation, when a third party is required. The European Commission publishes a list of such notified bodies.
10) Health technology assessment bodies (HTA)	Health technology assessment (HTA) is an evidence-based multidisciplinary process that summarises information about the medical, social, economic and ethical issues related to the use of a health technology in a systematic, transparent, unbiased, robust manner. Its aim is to inform the formulation of safe, effective health policies that are patient focused and seek to achieve best value. HTA focuses specifically on the added value of a new health technology in comparison to the existing standard of care in the healthcare system. HTA is not only used to inform local/national

	pricing and reimbursement decisions but also to support the development of evidence based clinical guidelines and public health recommendations.
11) Health care payers	Payers denote tax-funded national/regional payers and statutory/mandatory health insurance funds (social health insurance, SHI), National Health Services (NHS) and SHI ensuring publicly financed health care (the "benefits package"). In some Member States, additional products and services can be covered by voluntary complementary/supplementary private health insurance
12) Charities and Foundations	Associations typically promote the trade or professional interests of their members, whereas foundations spend their funds on projects or activities that benefit the public. The main characteristics of foundations are: • they are run by appointed trustees • their capital is supplied through donations and gifts • they may finance and undertake research • they may support international, national, and local projects • they may provide grants to meet the needs of individuals • they may fund voluntary work, healthcare, and elderly care.
13) Public authority	Public authority means: (a) any government or other public administration, including public advisory bodies, at national, regional or local level; (b) any natural or legal person performing public administrative functions under national law, including specific duties, activities or services in relation to the environment; and(c) any natural or legal person having public responsibilities or functions, or providing public services relating to the environment under the control of a body or person falling within (a) or (b).

Table A1.3 IHI JU – Healthcare industrial sector classification definitions (as provided by IHI JU)

Health industry sector	Definitions
Pharmaceutical (incl. vaccine)	The **pharmaceutical** industry discovers, develops, produces, and markets drugs or pharmaceutical drugs for use as medications to be administered (or self-administered) to patients, with the aim to cure them, vaccinate them, or alleviate the symptoms.
Biopharmaceutical	The **biopharmaceutical** industry discovers, develops, produces, and markets biologic(al) medical drugs, or biologic. A biologic is any pharmaceutical drug product manufactured in, extracted from, or semi synthesized from biological sources. Different from totally synthesized pharmaceuticals, they include vaccines, whole blood, blood components, allergenics, somatic cells, gene therapies, tissues, recombinant therapeutic protein, and living medicines used in cell therapy. Biologics can be composed of sugars, proteins, nucleic acids, or complex combinations of these substances, or may be living cells or tissues. They (or their precursors or components) are isolated from living sources—human, animal, plant, fungal, or microbial. They can be used in both human and animal medicine.
Medical (and digital health) technology	**Medical (and digital health) technologies** are products, services or solutions used in a healthcare setting. These can be instruments, equipment, appliances, software, implants, reagents, materials, or other articles intended by the manufacturer to be used along the continuum of care. Examples include pregnancy tests, ultrasound equipment, plasters, glasses, stents, MRI, hospital information systems, heart monitor apps, fertility apps, etc. ➔ **Drop-down under "Medical Technology" (Level 3):** **Subset areas:**

• Medical imaging is the discipline in charge of generating internal images of the body. It contributes to better, more accurate diagnoses from the outset and, through ongoing monitoring and measuring, allowing for improved care decisions and more effective treatments and outcomes.

X-ray, Computer Tomography (CT), and Nuclear Medicine [Positron emission tomography (PET) and Single-photon emission computerized tomography (SPECT)] all use Ionizing radiation, directing high energy particles (photons), to create anatomical, physiological, or functional, images.

Magnetic Resonance Imaging (MRI) uses radio waves and a magnetic field to provide detailed images of organs and tissues. Diagnostic ultrasound uses high frequency sound waves to create images of the inside of the body.

• Radiation therapy (RT) uses photons from X-rays to impact the tumors and destroy its genetic material avoiding its further growth

• Digital Health (including artificial intelligence, AI) describes the application of Information and communication technologies (ICT) across the whole range of functions that affect the health sector. It includes tools for health authorities and professionals as well as personalized health systems for patients and citizens.

The broad range of health digital products and services includes hospital information systems, electronic medical records and other specialty clinical information systems, integrated health information exchange networks, telemedicine and mobile health, secondary usage non-clinical systems (data analytics, public health, biomedical research)

• Electromedical equipment includes all the electronic devices that are intended for medical use. They span from machines monitoring patient's health in intensive care units, like vital signs monitors also used during surgery, to simple devices which monitor single variables like blood pressure devices or glucometers that can be used by the patient himself.

• Medical devices (MD): 'medical device' means any instrument, apparatus, appliance, software, implant, reagent, material or other article intended by the manufacturer to be used, alone or in combination, for human beings for one or more of the following specific medical purposes:

- diagnosis, prevention, monitoring, prediction, prognosis, treatment or alleviation of disease,
- diagnosis, monitoring, treatment, alleviation of, or compensation for, an injury or disability,
- investigation, replacement or modification of the anatomy or of a physiological or pathological process or state,
- providing information by means of in vitro examination of specimens derived from the human body, including organ, blood and tissue donations, and which does not achieve its principal intended action by pharmacological, immunological or metabolic means, in or on the human body, but which may be assisted in its function by such means.

• In vitro diagnostics (IVD): 'in vitro diagnostic medical device' means any medical device which is a reagent, reagent product, calibrator, control material, kit, instrument, apparatus, piece of equipment, software or system, whether used alone or in combination, intended by the manufacturer to be used in vitro for the examination of specimens, including blood and tissue donations, derived from the human body, solely or principally for the purpose of providing information on one or more of the following:

(a) concerning a physiological or pathological process or state;

(b) concerning congenital physical or mental impairments;

(c) concerning the predisposition to a medical condition or a disease;

(d) to determine the safety and compatibility with potential recipients;

(e) to predict treatment response or reactions;

(f) to define or monitoring therapeutic measures. Specimen receptacles shall also be deemed to be in vitro diagnostic medical devices

Biotechnology (non-pharma)	**Biotechnology (non-pharma)** sector includes companies that apply science and technology to living organisms to alter living or non-living materials for the production of knowledge, non-pharmaceutical goods and services. Examples are modification of plant genomes for disease resistance or nutrient enhancement, use of genetically modified microorganisms to produce innovative food and feed ingredients plus other product components such as fragrances, cultivated meat, production of biooils with photosynthetic micro-algae, biofuel produced through contemporary processes from biomass, etc.

Table A1.4 IMI - Sector classification definitions

Organization type	Sector	Definition[28]
Education	Education	An educational institution where research takes place and which can grant degrees and may have faculties, departments, and schools.
Healthcare	Healthcare	A health-related facility where primarily patients are treated. Includes hospitals, medical centers, health centers, treatment centers. Also includes trusts and healthcare systems.
Company	Company	A legal entity with the aim of engaging in business and gaining profit.
Government	Government	An organization operated mainly by the government of one or multiple countries / territories.
Facility, Nonprofit, Archive, Other	Other	**Archive:** Repository of documents, artifacts, or specimens. Includes libraries and museums that are not part of a university. **Facility:** A building or facility dedicated to research within a specific area. Usually contains specialized equipment. Includes specialist research institutes as well as laboratories and large infrastructures such as astronomical observatories and particle accelerators. **Nonprofit:** An organization that uses its surplus revenue to achieve its goals. Includes charities and other non-government research funding bodies. **Other:** Anything not belonging to any of the other categories, or where the primary function is unclear.
NULL	Unknown	If the affiliation is not available in the dataset, then it is assigned as unknown.

[28] How are organizations represented in Dimensions https://dimensions.freshdesk.com/support/solutions/articles/23000025993-how-are-organizations-represented-in-dimensions-

Annex 2: Data tables - Impact of IHI JU funded research

Table A2.1: Total number of publications from IHI JU projects by country between 2023 and 2025

Country	Number of Publications
Germany	112
United Kingdom	105
Netherlands	83
Sweden	75
United States	73
Switzerland	44
Spain	43
France	37
Italy	36
Denmark	34
Belgium	31
Finland	28
China	25
Austria	23
Norway	18
Australia	17
Greece	16
Luxembourg	15
Portugal	13
Japan	11
Czechia	8
Canada	8
Ireland	6
India	6
Brazil	5
Slovenia	5
Singapore	4
Poland	4
South Korea	4
Israel	3
Argentina	3
Turkey	3
Kenya	2
Thailand	2
Serbia	2
Malta	2
Colombia	2
South Africa	2
Slovakia	1
Jamaica	1
Nigeria	1
Ethiopia	1
Botswana	1

Tunisia	1
Ghana	1
Mozambique	1
Sri Lanka	1
Uganda	1
Zimbabwe	1
Taiwan	1
Estonia	1
Uzbekistan	1
Democratic Republic of the Congo	1
Dominican Republic	1
Chile	1
Indonesia	1
Saudi Arabia	1
Mexico	1
Albania	1
United Arab Emirates	1
New Zealand	1
Hungary	1

Table A2.2: Total number of IHI JU funded publications, papers and open access papers and impact by project between 2023 and 2025

Projects	Number of Publications	Citations per publications	Number of papers	Number of open access papers	% of open access papers	Mean Field-Normalized Citation Impact of publications
PROMINENT	43	9.67	41	41	100.0%	2.27
AD-RIDDLE	38	10.95	37	37	100.0%	2.79
PREDICTOM	32	15.28	23	22	95.7%	3.87
IMAGIO	13	20.54	13	13	100.0%	5.60
iCARE4CVD	12	9.58	11	11	100.0%	2.23
Thera4Care	11	7.82	10	8	80.0%	1.93
ILLUMINATE	11	7.09	10	8	80.0%	1.90
IDERHA	8	17.88	7	7	100.0%	3.45
NHPig	8	14.75	7	7	100.0%	2.82
SYNTHIA	8	10.38	6	6	100.0%	5.23
CLAIMS	8	5.25	8	7	87.5%	1.11
RealiseD	8	1.63	7	5	71.4%	0.62
EDENT1FI	7	10.71	5	5	100.0%	2.84
LIVERAIM	6	18.33	5	4	80.0%	3.59
GRIPonMASH	5	12.00	5	5	100.0%	2.46
VICT3R	5	7.60	5	4	80.0%	1.46
GUIDE.MRD	4	19.00	1	1	100.0%	5.82
VIROMARKERS	4	2.00	4	4	100.0%	1.27
GREG	4	0.00	0	0	0.00%	0.00
IMPROVE	3	7.33	3	3	100.0%	1.35
AutoPiX	3	2.00	2	2	100.0%	1.18
SEARCH	3	0.00	1	1	100.0%	0.00
Accelerate.EU	2	12.50	2	1	50.0%	1.98
INTERCEPT	2	4.50	2	2	100.0%	1.15
PaLaDIn	2	1.00	1	1	100.0%	0.65
SASICU	2	0.50	2	1	50.0%	0.33

EuroHeartPath	1	16.00	1	1	100.0%	4.83
GRACE	1	3.00	0	0	0.0%	1.66
PharmEco	1	2.00	1	0	0.0%	0.39
READI	1	2.00	0	0	0.0%	0.74
HEU-EFS	1	2.00	1	1	100.0%	0.65
EASYGEN	1	0.00	1	1	100.0%	0.00

Annex 3: Data tables – Collaboration profile of IHI JU funded research

Table A3.1: Collaboration profiles for IHI JU funded papers

Collaboration types	Total papers	Percentage	Mean Field-Normalized Citation Impact
Cross-stakeholder	172	85.6%	2.62
Single stakeholder	29	14.4%	3.21
Cross-industry	13	24.5%	1.94
Single industry	40	75.5%	2.29
Cross-country	158	78.6%	2.94
Single country	43	21.4%	1.61

Table A3.2: Countries collaborating with EU27 countries for IHI JU funded research, 2023-2025

Top Countries collaborated with Europe (EU27) countries	Number of Publications	Mean Field-Normalized Citation Impact
United Kingdom	103	3.17
United States	71	3.48
Switzerland	43	3.27
China	25	3.51
Norway	18	1.04
Australia	17	9.14
Japan	11	4.99
Canada	8	5.90
India	6	7.81
Brazil	5	7.22
South Korea	4	5.91
Singapore	4	6.19
Argentina	3	6.80
Turkey	3	18.34
Israel	3	0.75
Thailand	2	0.52
Serbia	2	5.09
Colombia	1	3.94
South Africa	1	8.48
Kenya	1	3.72
Botswana	1	6.62
Jamaica	1	6.62
Nigeria	1	6.62
Ethiopia	1	6.62
Tunisia	1	6.62
Ghana	1	6.62
Mozambique	1	6.62
Sri Lanka	1	6.62
Uganda	1	6.62
Zimbabwe	1	6.62
Saudi Arabia	1	1.27

Indonesia	1	0.86
Uzbekistan	1	6.62
Democratic Republic of the Congo	1	6.62
Dominican Republic	1	6.62
Chile	1	6.62
Taiwan	1	0.86
Mexico	1	10.34
Albania	1	6.98
United Arab Emirates	1	6.98
New Zealand	1	7.04

Table A3.3: Countries contributing to internationally collaborated IHI JU funded papers

Country	Number of internationally collaborated publications	Mean Field-Normalized Citation Impact of internationally collaborated publications
United Kingdom	104	3.15
Germany	95	3.09
Sweden	73	2.81
United States	72	3.46
Netherlands	70	3.27
Switzerland	43	3.27
Spain	42	4.87
France	34	3.53
Italy	32	4.36
Belgium	31	4.02
Denmark	31	2.16
Finland	28	1.72
China	25	3.51
Austria	22	1.62
Norway	18	1.04
Australia	17	9.14
Luxembourg	14	5.64
Greece	13	2.36
Japan	11	4.99
Portugal	9	6.88
Canada	8	5.90
Czechia	8	3.01
India	6	7.81
Ireland	6	3.66
Brazil	5	7.22
Slovenia	5	4.16
Singapore	4	6.19
South Korea	4	5.91
Poland	4	3.58
Turkey	3	18.34
Argentina	3	6.80
Israel	3	0.75
South Africa	2	8.48
Serbia	2	5.09
Colombia	2	3.94

Kenya	2	3.72
Malta	2	2.37
Thailand	2	0.52
Mexico	1	10.34
New Zealand	1	7.04
Albania	1	6.98
United Arab Emirates	1	6.98
Mozambique	1	6.62
Jamaica	1	6.62
Nigeria	1	6.62
Ethiopia	1	6.62
Botswana	1	6.62
Tunisia	1	6.62
Ghana	1	6.62
Sri Lanka	1	6.62
Uganda	1	6.62
Zimbabwe	1	6.62
Uzbekistan	1	6.62
Democratic Republic of the Congo	1	6.62
Dominican Republic	1	6.62
Chile	1	6.62
Estonia	1	4.83
Slovakia	1	3.26
Saudi Arabia	1	1.27
Taiwan	1	0.86
Indonesia	1	0.86

Table A3.4: City clusters for IHI JU funded research, 2023-25 (5 publications minimum)

City	Country	Region	Number of publications	Mean Field-Normalized Citation Impact of publications	Number of internationally collaborated publications
London	United Kingdom	Europe	82	3.34	81
Munich	Germany	Europe (EU27)	49	3.61	41
Amsterdam	Netherlands	Europe (EU27)	43	4.13	38
Stockholm	Sweden	Europe (EU27)	43	2.11	41
Molndal + Gothenburg	Sweden	Europe (EU27)	35	3.45	34
Bonn	Germany	Europe (EU27)	30	4.93	28
Barcelona	Spain	Europe (EU27)	29	4.94	29
Madrid	Spain	Europe (EU27)	25	6.25	24
Paris	France	Europe (EU27)	24	2.95	21
Utrecht	Netherlands	Europe (EU27)	23	4.87	16
Milan + Brescia	Italy	Europe (EU27)	21	5.16	18
Sheffield	United Kingdom	Europe	21	4.42	21
Lund	Sweden	Europe (EU27)	20	4.27	19
Maastricht	Netherlands	Europe (EU27)	20	4.25	17
Madison	United States	North America	19	3.55	19
Berlin	Germany	Europe (EU27)	18	5.63	14
Hong Kong	China	Asia	18	3.65	18
Copenhagen	Denmark	Europe (EU27)	18	1.81	16
Boston USA + Cambridge USA	United States	North America	17	3.51	17

Kuopio	Finland	Europe (EU27)	16	1.30	16
Rotterdam	Netherlands	Europe (EU27)	14	7.24	12
Rome	Italy	Europe (EU27)	13	2.95	9
Aachen	Germany	Europe (EU27)	13	1.50	12
Cologne	Germany	Europe (EU27)	12	9.03	12
Luxembourg	Luxembourg	Europe (EU27)	12	7.19	11
Dresden	Germany	Europe (EU27)	12	5.52	8
New York	United States	North America	12	3.26	12
Bern	Switzerland	Europe	12	3.21	11
Leuven	Belgium	Europe (EU27)	12	2.98	12
Essen	Germany	Europe (EU27)	12	1.86	7
Vienna	Austria	Europe (EU27)	12	1.53	11
Leiden	Netherlands	Europe (EU27)	11	7.40	9
Nijmegen	Netherlands	Europe (EU27)	11	7.37	8
Oxford	United Kingdom	Europe	10	2.95	10
Stavanger	Norway	Europe	10	2.17	10
Geneva	Switzerland	Europe	9	7.37	9
Frankfurt am Main	Germany	Europe (EU27)	9	2.76	8
Aarhus	Denmark	Europe (EU27)	9	2.69	8
Helsinki	Finland	Europe (EU27)	9	1.31	9
Brussels	Belgium	Europe (EU27)	9	0.68	9
Groningen	Netherlands	Europe (EU27)	8	9.04	6
San Francisco	United States	North America	8	6.41	8
Los Angeles	United States	North America	8	3.98	8
Indianapolis	United States	North America	8	3.93	8
Sankt Augustin	Germany	Europe (EU27)	8	2.80	6
Graz	Austria	Europe (EU27)	8	2.03	7
Mannheim	Germany	Europe (EU27)	8	1.45	8
Basel	Switzerland	Europe	8	1.38	8
Thessaloniki	Greece	Europe (EU27)	8	1.33	7
Oslo	Norway	Europe	8	0.56	8
St Louis	United States	North America	7	11.87	7
Sydney	Australia	Oceania	7	10.94	7
Lausanne	Switzerland	Europe	7	6.09	7
Rochester	United States	North America	7	5.97	7
Tokyo	Japan	Asia	7	5.54	7
Melbourne	Australia	Oceania	7	5.34	7
Baltimore	United States	North America	7	2.81	7
Heidelberg	Germany	Europe (EU27)	7	2.26	6
STEINHAUEN	Switzerland	Europe	7	1.19	7
Edinburgh	United Kingdom	Europe	6	13.72	6
Chicago	United States	North America	6	6.08	6
Dublin	Ireland	Europe (EU27)	6	3.66	6
Prague	Czechia	Europe (EU27)	6	3.47	6
Augsburg	Germany	Europe (EU27)	6	3.32	6
Beijing	China	Asia	6	3.20	6
Hefei	China	Asia	6	3.00	6
Lisbon	Portugal	Europe (EU27)	6	2.88	6
Nieuwegein	Netherlands	Europe (EU27)	6	2.72	4
Odense	Denmark	Europe (EU27)	6	2.33	5
Espoo	Finland	Europe (EU27)	6	1.78	6

Delft	Netherlands	Europe (EU27)	6	1.13	6
Genoa	Italy	Europe (EU27)	6	1.13	5
Tampere	Finland	Europe (EU27)	6	0.65	6
Aveiro	Portugal	Europe (EU27)	5	35.82	1
Cambridge	United Kingdom	Europe	5	6.08	5
Philadelphia	United States	North America	5	5.63	5
Ann Arbor	United States	North America	5	4.20	5
Zurich	Switzerland	Europe	5	3.40	5
Newcastle upon Tyne	United Kingdom	Europe	5	3.40	5
Enschede	Netherlands	Europe (EU27)	5	2.77	3
Perugia	Italy	Europe (EU27)	5	2.42	4
Bologna	Italy	Europe (EU27)	5	1.99	4
Pavia	Italy	Europe (EU27)	5	1.83	4
Exeter	United Kingdom	Europe	5	1.00	4

Annex 4: Data tables - Impact of IMI funded research

Figure A4.1: Percentage of IMI funded research publications by document type, each year between 2010 and 2025

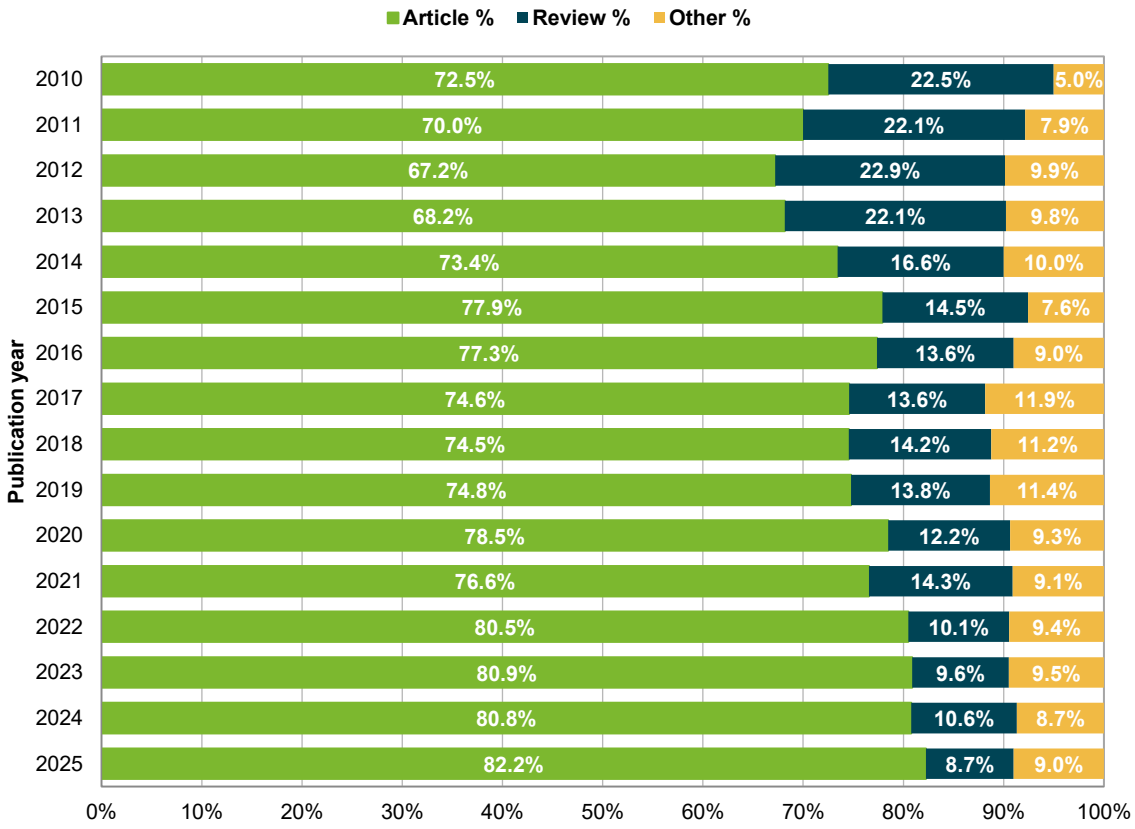


Table A4.2: Total number of publications from IMI projects by country between 2010 and 2025

Country	Number of Publications
United Kingdom	6,848
Germany	5,016
Netherlands	4,261
United States	3,990
Sweden	2,506
France	2,371
Italy	2,322
Spain	2,243
Switzerland	1,946
Belgium	1,675
Denmark	1,222
Canada	1,053
Austria	976
Australia	734
Finland	731
China	660
Norway	638
Ireland	436
Greece	419
Portugal	344
Poland	315

Japan	307
Israel	254
Brazil	230
Singapore	217
South Africa	215
Hungary	155
Czechia	138
South Korea	137
Luxembourg	137
Estonia	131
India	112
Iceland	106
Saudi Arabia	105
Slovenia	90
Taiwan	88
Turkey	85
New Zealand	79
Croatia	74
Lithuania	73
Egypt	73
Chile	60
Argentina	57
Russia	57
Cyprus	50
Romania	49
Serbia	47
Kenya	36
Qatar	35
Thailand	35
Iran	33
Mexico	31
Latvia	29
Colombia	28
Ukraine	28
Malaysia	25
Tanzania	24
Palestinian Territory	24
Democratic Republic of the Congo	24
Uganda	23
Bulgaria	21
Kuwait	21
Pakistan	21
Sierra Leone	18
Vietnam	17
Georgia	14
Liechtenstein	14
United Arab Emirates	14
Bangladesh	13
Nigeria	13
Indonesia	12
Guinea	11

Philippines	10
Gambia	10
Burkina Faso	10
Mozambique	10
Malawi	10
Slovakia	9
Tunisia	9
Iraq	9
Gabon	8
Malta	8
Sri Lanka	8
Belarus	8
Uruguay	8
Senegal	8
Lebanon	8
Peru	7
Ghana	7
Mali	7
Jordan	7
Moldova	7
North Macedonia	6
Ethiopia	6
El Salvador	4
Guatemala	4
Nepal	4
Oman	4
Rwanda	4
Namibia	4
Armenia	3
Bosnia and Herzegovina	3
Kazakhstan	3
Kosovo	3
Jamaica	3
Zambia	3
Ecuador	3
Liberia	3
Albania	2
Cambodia	2
Ivory Coast	2
Faroe Islands	2
Cuba	2
Monaco	2
Bahrain	1
Bolivia	1
Gibraltar	1
Montenegro	1
Suriname	1
Libya	1
Republic of the Congo	1
Algeria	1
Fiji	1

Paraguay	1
Morocco	1
Mongolia	1
Bhutan	1
Laos	1
Uzbekistan	1
Kyrgyzstan	1
Samoa	1
Zimbabwe	1
Niger	1
Benin	1
Botswana	1

Table A4.3: Total number of IMI funded publications, papers and open access papers and impact by project between 2010 and 2025

Projects	Number of Publications	Citations per publications	Number of papers	Number of open access papers	% of open access papers	Mean Field-Normalized Citation Impact of publications
EU-AIMS	850	63.91	817	737	90.2%	2.06
BTCure	800	69.96	723	505	69.8%	1.72
AIMS-2-TRIALS	693	41.32	665	640	96.2%	2.51
IMI unclassified	558	68.03	472	405	85.8%	2.81
BigData@Heart	514	46.37	481	467	97.1%	3.60
ULTRA-DD	494	60.99	476	417	87.6%	1.92
EMIF	476	79.47	452	398	88.1%	2.71
EUbOPEN	441	32.85	419	379	90.5%	2.17
INNODIA	321	37.64	293	272	92.8%	1.55
RTCure	302	54.46	259	225	86.9%	2.91
NEWMEDS	273	93.09	261	167	64.0%	2.31
U-BIOPRED	266	39.94	149	118	79.2%	1.89
CANCER-ID	246	116.48	204	168	82.4%	2.91
EUROPAIN	226	124.41	204	90	44.1%	3.83
LITMUS	224	104.08	185	164	88.6%	6.26
STEMBANCC	218	60.74	189	165	87.3%	1.84
BEAT-DKD	213	40.50	199	189	95.0%	2.07
EHDEN	209	21.34	180	176	97.8%	1.97
RHAPSODY	203	46.89	193	184	95.3%	1.71
TRANSLOCATION	197	58.39	187	123	65.8%	1.53
3TR	191	39.48	157	151	96.2%	5.39
SUMMIT	183	51.87	172	139	80.8%	1.83
ORBITO	181	49.54	180	72	40.0%	1.32
COMBACTE-NET	173	38.79	150	129	86.0%	1.80
MOBILISE-D	166	25.51	147	133	90.5%	1.93
AMYPAD	161	41.66	154	151	98.1%	2.99
EPAD	160	37.36	152	141	92.8%	2.49
RADAR-CNS	158	38.95	115	105	91.3%	2.41
IMIDIA	154	79.00	149	122	81.9%	1.91
PreDiCT-TB	154	40.86	135	123	91.1%	1.12
SPRINTT	153	80.23	144	94	65.3%	2.40
PRISM	151	85.68	140	122	87.1%	3.89

CHEM21	151	79.32	141	63	44.7%	2.37
SOPHIA	144	30.15	133	126	94.7%	2.56
COMBACTE-MAGNET	141	55.71	127	108	85.0%	1.74
ELF	140	39.65	138	118	85.5%	1.11
INNODIA HARVEST	137	26.31	126	122	96.8%	1.54
IMPRiND	131	116.43	120	108	90.0%	4.38
MIP-DILI	129	51.85	117	84	71.8%	1.45
APPROACH	128	60.91	97	79	81.4%	1.98
DIRECT	126	135.69	119	107	89.9%	4.60
PROTECT	124	36.17	120	66	55.0%	0.87
PRECISESADS	124	24.34	98	75	76.5%	1.09
DRAGON	123	43.45	109	82	75.2%	2.70
RESCEU	122	95.52	110	105	95.5%	5.37
DDMoRe	117	39.64	112	85	75.9%	1.13
Quic-Concept	115	250.17	110	88	80.0%	5.70
ABIRISK	114	37.90	102	69	67.6%	1.13
COMPACT	112	83.53	109	67	61.5%	2.04
TransQST	111	71.26	103	96	93.2%	2.77
eTOX	109	80.03	101	69	68.3%	2.19
Pharma-Cog	107	60.61	100	55	55.0%	1.24
CARE	104	29.92	102	101	99.0%	2.18
BIOMAP	103	27.06	97	92	94.8%	2.32
T2EVOLVE	101	23.27	92	80	87.0%	2.19
ADAPTED	100	36.08	94	90	95.7%	2.02
AETIONOMY	97	59.31	93	77	82.8%	1.92
Open PHACTS	96	136.55	87	76	87.4%	3.52
IDEA-FAST	96	25.45	75	71	94.7%	2.47
Hypo-RESOLVE	96	11.99	76	75	98.7%	1.09
IMI-PainCare	91	22.89	74	67	90.5%	2.25
ZAPI	90	90.58	86	82	95.3%	3.17
Onco Track	89	87.48	72	62	86.1%	2.06
COMBACTE-CARE	88	63.58	74	62	83.8%	2.74
K4DD	88	50.91	81	62	76.5%	1.56
ConcePTION	86	11.86	80	76	95.0%	1.32
ENABLE	84	52.93	81	72	88.9%	1.65
iABC	82	28.67	61	53	86.9%	2.54
BioVacSafe	79	66.10	74	67	90.5%	1.37
IM2PACT	78	29.68	75	72	96.0%	1.79
PHAGO	76	89.97	76	75	98.7%	3.24
Inno4Vac	76	11.38	76	73	96.1%	1.30
HARMONY	75	40.67	63	58	92.1%	3.21
eTRIKS	73	55.90	58	54	93.1%	1.68
EUC²LID	73	28.27	71	67	94.4%	1.23
HIPPOCRATES	73	17.71	55	46	83.6%	1.83
EPND	72	58.81	64	64	100.0%	10.12
eTRANSAFE	71	66.31	61	54	88.5%	2.66
EU-PEARL	70	24.77	60	52	86.7%	2.10
MARCAR	69	36.42	65	48	73.8%	0.78
MOPEAD	68	23.03	65	63	96.9%	1.74
imSAVAR	68	16.31	64	60	93.8%	1.44
DRIVE-AB	67	52.25	61	48	78.7%	1.54

FLUCOP	66	43.21	65	57	87.7%	1.74
ERA4TB	66	21.53	55	52	94.5%	1.63
Predect	63	109.98	54	46	85.2%	5.58
PREFER	59	23.86	48	47	97.9%	1.49
ARDAT	59	23.03	57	53	93.0%	2.01
c4c	58	13.02	53	48	90.6%	1.14
MAD-CoV 2	57	46.12	56	55	98.2%	3.18
OPTIMA	56	25.48	52	51	98.1%	1.82
PERISCOPE	55	22.76	53	49	92.5%	1.50
RAPP-ID	53	33.75	48	37	77.1%	0.92
ReSOLUTE	53	16.23	52	51	98.1%	1.41
TransBioLine	52	34.52	47	40	85.1%	2.00
EBiSC	51	112.69	50	48	96.0%	3.26
EBOVAC1	50	47.36	48	45	93.8%	1.86
GETREAL	49	51.35	44	35	79.5%	1.39
iPiE	49	48.69	47	34	72.3%	1.40
PRISM 2	48	7.60	44	42	95.5%	1.34
RADAR-AD	46	22.61	29	28	96.6%	1.83
NeuroDeRisk	46	12.17	41	38	92.7%	1.05
CARDIATEAM	45	74.13	42	41	97.6%	2.77
IMMUCAN	45	23.07	26	25	96.2%	1.71
EBOVAC3	44	16.23	44	42	95.5%	1.47
DRIVE	44	14.93	43	41	95.3%	0.88
TRISTAN	43	35.21	42	42	100.0%	1.20
NECESSITY	43	23.72	34	30	88.2%	2.32
PD-MitoQUANT	41	43.93	36	36	100.0%	1.99
EQIPD	39	57.44	33	30	90.9%	2.91
ROADMAP	39	39.21	32	31	96.9%	1.77
Immune-Image	38	17.16	33	33	100.0%	1.25
VITAL	38	15.76	37	37	100.0%	1.20
PROACTIVE	37	78.54	32	28	87.5%	2.42
BIGPICTURE	36	37.42	26	26	100.0%	2.76
PROMISE	36	19.97	30	28	93.3%	3.18
SAFE-T	35	47.57	32	17	53.1%	1.54
ITCC-P4	35	37.00	33	33	100.0%	2.02
MACUSTAR	33	20.18	32	31	96.9%	1.69
EBOVAC2	32	41.47	32	31	96.9%	1.68
VAC2VAC	32	12.13	32	29	90.6%	0.67
ADVANCE	30	34.03	29	26	89.7%	1.07
Screen4Care	29	12.76	28	28	100.0%	1.88
Trials@Home	28	19.71	25	25	100.0%	2.59
ImmUniverse	28	17.29	21	21	100.0%	2.08
UNITE4TB	27	27.26	26	26	100.0%	2.44
EbolaMoDRAD	26	32.69	26	21	80.8%	1.07
iCONSENSUS	26	14.04	24	24	100.0%	0.96
VALUE-Dx	25	26.96	24	24	100.0%	1.44
KRONO	24	19.67	20	20	100.0%	1.30
EHR4CR	22	42.86	20	16	80.0%	1.19
PREMIER	22	21.50	22	20	90.9%	1.24
WEB-RADR	20	44.05	18	16	88.9%	1.62
VSV-EBOPLUS	20	33.95	19	16	84.2%	1.22

FAIRplus	19	56.63	18	18	100.0%	2.70
COMBACTE-CDI	19	22.74	17	15	88.2%	1.52
PERSIST-SEQ	18	49.17	17	14	82.4%	3.48
PIONEER	18	18.00	16	16	100.0%	0.88
COMBACTE	17	181.06	17	12	70.6%	3.65
MELLODDY	16	26.75	13	13	100.0%	1.96
HARMONY PLUS	16	13.38	12	12	100.0%	1.48
DECISION	16	12.75	14	14	100.0%	1.09
BEAMER	16	3.94	6	6	100.0%	0.98
H2O	15	7.80	13	13	100.0%	0.94
EUPATI	14	28.43	12	12	100.0%	2.36
EBiSC2	14	20.00	14	13	92.9%	1.04
VSV-EBOVAC	13	33.69	12	10	83.3%	0.60
COVID-RED	12	17.92	11	11	100.0%	1.42
Impentri	12	12.58	11	11	100.0%	1.51
EBODAC	11	51.36	11	10	90.9%	2.47
VHFMoDRAD	11	50.82	11	11	100.0%	2.14
Eu2P	11	28.82	10	6	60.0%	1.66
RealHOPE	11	5.82	11	11	100.0%	0.99
RespiriTB	10	19.70	10	9	90.0%	1.00
FACILITATE	10	15.00	7	7	100.0%	1.57
REsolution	10	14.30	9	9	100.0%	2.14
PARADIGM	9	32.33	9	9	100.0%	1.53
NGN-PET	8	14.88	8	7	87.5%	1.24
PrIMAVeRa	8	10.38	7	7	100.0%	1.07
Gravitate-Health	8	7.38	8	6	75.0%	1.28
DO->IT	7	81.57	6	3	50.0%	4.99
RespiriNTM	7	31.14	7	6	85.7%	1.23
EBOMAN	6	74.00	6	5	83.3%	3.29
SafeSciMET	6	53.17	6	3	50.0%	0.65
SISAQOL-IMI	6	31.00	6	5	83.3%	4.70
Pharmatrain	6	15.83	6	5	83.3%	0.43
COMBINE	6	15.17	6	6	100.0%	1.10
NEURONET	6	12.83	5	5	100.0%	0.65
STOPFOP	5	20.60	5	5	100.0%	1.26
ESCulab	5	6.20	5	5	100.0%	0.40
PRO- Active	5	0.00	0	0	0.0%	0.00
ND4BB	4	79.00	4	4	100.0%	0.87
ADAPT-SMART	4	18.25	4	4	100.0%	0.71
PROTECT-trial	4	12.00	3	3	100.0%	1.59
GNA NOW	4	5.00	4	3	75.0%	1.04
PEVIA	3	20.33	2	2	100.0%	0.63
PharmaLedger	3	7.67	1	1	100.0%	1.26
GetReal Initiative	3	7.00	3	3	100.0%	0.39
EMTRAIN	3	3.00	3	2	66.7%	0.07
TRIC-TB	2	10.00	2	2	100.0%	1.37
RAPID-COVID	2	2.50	2	2	100.0%	0.36
EBOVAC	1	75.00	1	1	100.0%	2.91
FILODIAG	1	22.00	1	1	100.0%	0.74

Table A4.4: Total number of IMI funded publications and papers across top journals by impact factor between 2010 and 2025

Journal	Number of Publications	Number of Papers	Citations per Publication	Mean Journal Normalized Citation Impact	Journal Impact Factor (2024)	Quartile Rank
Nature Reviews Microbiology	3	3	684.67	1.12	103.3	Q1
Nature Reviews Drug Discovery	21	15	280.86	1.37	101.8	Q1
Nature Reviews Molecular Cell Biology	2	2	945.50	0.57	90.2	Q1
The Lancet	29	21	498.34	1.52	88.5	Q1
Nature Reviews Clinical Oncology	13	13	991.77	1.75	83.2	Q1
The New England Journal of Medicine	5	4	605.20	2.83	78.5	Q1
Nature Reviews Cancer	3	3	281.67	1.84	66.8	Q1
World Psychiatry	1	1	452.00	1.42	65.8	Q1
Annals of Oncology	24	11	91.21	0.57	65.4	Q1
Nature Reviews Immunology	5	5	452.60	1.42	60.9	Q1
Nature Reviews Disease Primers	3	3	4219.33	2.53	60.6	Q1
Nature Reviews Methods Primers	1	1	45.00	0.17	56	Q1
Chemical Reviews	4	4	510.00	0.72	55.8	Q1
JAMA: The Journal of the American Medical Association	9	7	555.44	1.47	55	Q1
Signal Transduction and Targeted Therapy	1	0	6.00	0.34	52.7	Q1
Nature Reviews Genetics	5	5	877.40	1.23	52	Q1
Nature Reviews Chemistry	1	1	103.00	10.68	51.7	Q1
Nature Reviews Gastroenterology & Hepatology	7	7	438.86	2.26	51.6	Q1
Nature Medicine	42	33	316.45	1.10	50	Q1
Nature	42	33	832.83	1.84	48.5	Q1

Table A4.5: Total number of IMI funded papers published open access across top journals by IMI project publications between 2010 and 2025

Journal	Number of Publications	% of Open Access Publications	Number of Papers	% of Open Access Papers	Citations per Publication	Mean Journal Normalized Citation Impact	Journal Impact Factor (2024)	Quartile Rank
Annals of the Rheumatic Diseases	310	58.1%	157	59.9%	61.2	1.0	20.6	Q1
Scientific Reports	279	100.0%	279	100.0%	57.9	1.2	3.9	Q1
PLOS ONE	247	100.0%	245	100.0%	56.7	1.2	2.6	Q2
Nature Communications	242	100.0%	240	100.0%	148.4	1.2	15.7	Q1
Frontiers in Immunology	183	100.0%	183	100.0%	43.9	0.9	5.9	Q1
Alzheimer's & Dementia	134	90.3%	104	95.2%	185.8	2.0	11.1	Q1
Diabetologia	126	92.9%	121	92.6%	61.4	0.9	10.2	Q1
Journal of Medicinal Chemistry	125	96.8%	125	96.8%	52.8	1.0	6.8	Q1
International Journal of	114	100.0%	114	100.0%	58.0	1.0	4.9	Q1

Molecular Sciences								
Diabetes	102	57.8%	62	91.9%	35.6	0.9	7.5	Q1
Journal of Alzheimer's Disease	90	76.7%	89	76.4%	89.4	1.1	3.1	Q2
Arthritis Research & Therapy	82	100.0%	82	100.0%	45.3	0.8	4.6	Q1
BMJ Open	77	100.0%	74	100.0%	52.5	1.9	2.3	Q2
Arthritis & Rheumatology	74	64.9%	72	63.9%	82.2	0.9	10.9	Q1
Vaccine	72	77.8%	70	78.6%	54.4	1.4	3.5	Q2
Pain	71	40.8%	63	44.4%	301.4	2.5	5.5	Q1
Molecular Autism	71	100.0%	71	100.0%	68.8	1.2	5.5	Q1
Translational Psychiatry	69	100.0%	69	100.0%	72.0	1.0	6.2	Q1
Journal of Antimicrobial Chemotherapy	68	88.2%	63	88.9%	68.0	1.2	3.6	Q2
Alzheimer's Research & Therapy	68	100.0%	68	100.0%	64.4	1.1	7.6	Q1

Table A4.6: Total number of IMI funded papers published open access and impact by top 20 research fields between 2010 and 2025

Research field	Number of Publications	Number of Open Access Papers	% Open Access Papers	Mean Field-Normalized Citation Impact of Open Access Papers	Highly Cited Open Access Papers (Top 10% cited)	% Highly cited Open Access papers (Top 10% cited)
Clinical Sciences	4248	3,112	83.5%	2.78	1,204	38.7%
Biochemistry and Cell Biology	1598	1,344	89.3%	1.75	351	26.1%
Immunology	1445	1,085	83.3%	1.58	276	25.4%
Biological Psychology	1236	1,017	86.3%	2.27	322	31.7%
Pharmacology and Pharmaceutical Sciences	1234	849	74.2%	1.84	205	24.1%
Oncology and Carcinogenesis	1044	803	85.6%	2.54	294	36.6%
Neurosciences	873	617	77.7%	2.93	235	38.1%
Medical Microbiology	784	670	89.7%	2.26	204	30.4%
Health Services and Systems	761	654	94.0%	2.59	221	33.8%
Medicinal and Biomolecular Chemistry	741	583	84.1%	2.05	128	22.0%
Genetics	724	613	93.2%	3.20	162	26.4%
Bioinformatics and Computational Biology	418	363	93.3%	2.75	95	26.2%
Cardiovascular Medicine and Haematology	371	242	89.6%	3.07	109	45.0%
Epidemiology	366	322	93.6%	1.98	92	28.6%
Medical Biotechnology	347	242	72.7%	1.65	52	21.5%
Microbiology	321	276	88.5%	1.86	78	28.3%
Public Health	300	251	92.3%	2.78	97	38.6%
Organic Chemistry	293	196	68.3%	1.16	28	14.3%
Medical Biochemistry and Metabolomics	272	207	88.8%	2.44	64	30.9%
Medical Physiology	194	151	84.4%	1.65	42	27.8%

*Note: publications can be assigned into multiple research fields

Table A4.7: Comparison of IMI funded research against EU27+UK by top 20 research fields between 2010 and 2025

Research field	IMI Number of Publications	IMI Number of Papers	IMI publications Mean Field-Normalized Citation Impact	Europe (EU27) + UK Number of Publications	Europe (EU27) + UK Number of Papers	Europe (EU27) + UK publications Mean Field-Normalized Citation Impact
Clinical Sciences	4,248	3,729	2.70	2,134,401	1,415,910	1.27
Biochemistry and Cell Biology	1,598	1,505	1.74	466,124	386,519	1.10
Immunology	1,445	1,302	1.75	250,981	168,849	1.12
Biological Psychology	1,236	1,179	2.20	263,656	200,476	1.10
Pharmacology and Pharmaceutical Sciences	1,234	1,144	1.73	229,072	175,247	1.16
Oncology and Carcinogenesis	1,044	938	2.64	589,896	399,027	1.24
Neurosciences	873	794	2.83	219,816	138,462	1.14
Medical Microbiology	784	747	2.24	178,395	152,205	1.21
Health Services and Systems	761	696	2.57	428,302	323,496	1.21
Medicinal and Biomolecular Chemistry	741	693	1.85	114,298	99,300	1.07
Genetics	724	658	3.08	246,613	213,935	1.28
Bioinformatics and Computational Biology	418	389	2.61	106,370	91,006	1.30
Cardiovascular Medicine and Haematology	371	270	2.83	387,408	197,138	1.23
Epidemiology	366	344	1.92	87,296	56,517	1.31
Medical Biotechnology	347	333	1.47	92,193	71,802	1.08
Microbiology	321	312	1.80	233,182	208,655	1.19
Public Health	300	272	2.62	254,465	191,290	1.22
Organic Chemistry	293	287	1.22	149,040	127,534	1.07
Medical Biochemistry and Metabolomics	272	233	2.43	47,676	35,921	1.09
Medical Physiology	194	179	1.89	104,094	75,169	1.13

*Note: publications can be assigned into multiple research fields.

Annex 5: Data tables – Collaboration profile and geographical spread of IMI funded research

Table A5.1: Collaboration profile of IMI funded papers, 2010-2025

Collaboration types	Total papers	Percentage	Mean Field-Normalized Citation Impact
Cross-sector	10,697	75.2%	2.43
Single sector	3,535	24.8%	1.72
Cross-institution	12,228	86.7%	2.33
Single institution	1,883	13.3%	1.59
Cross-country	9,299	65.9%	2.54
Single country	4,812	34.1%	1.63

Table A5.2: Top countries collaborating with EU27 countries for IMI funded research, 2010-2025 (ten publications minimum)

Countries displayed have a minimum of ten publications which have a European collaboration partner

Top Countries collaborating with Europe (EU27) countries	Number of Publications	Mean Field-Normalized Citation Impact
United Kingdom	4,735	3.04
United States	3,352	3.52
Switzerland	1,639	3.34
Canada	790	4.55
Australia	655	6.00
Norway	550	4.31
China	496	5.65
Japan	274	6.67
Israel	215	4.68
Singapore	190	6.54
Brazil	189	4.31
South Africa	175	9.98
South Korea	127	10.95
Iceland	98	6.70
India	96	7.64
Saudi Arabia	93	3.08
Turkey	79	13.00
Taiwan	77	9.56
Egypt	63	10.23
New Zealand	63	8.43
Chile	58	14.98
Argentina	53	17.81
Russia	51	10.03
Serbia	46	3.36
Thailand	32	8.02
Kenya	31	10.59
Mexico	30	21.02
Qatar	30	4.04

Iran	29	10.65
Ukraine	25	3.62
Colombia	24	2.92
Palestinian Territory	24	1.69
Democratic Republic of the Congo	24	1.02
Malaysia	22	4.14
Kuwait	21	5.70
Uganda	21	3.09
Tanzania	20	2.38
Pakistan	18	12.16
Vietnam	14	17.57
United Arab Emirates	13	1.98
Indonesia	12	26.08
Georgia	12	14.40
Liechtenstein	12	2.96
Nigeria	12	2.33
Sierra Leone	12	1.52
Bangladesh	11	12.22
Mozambique	10	15.47
Burkina Faso	10	3.45
Guinea	10	2.42

Table A5.3: Countries contributing to internationally collaborated IMI funded publications, by number of publications and mean field-normalized citation impact, 2010-2025

Country	Number of internationally collaborated publications	Mean Field-Normalized Citation Impact of internationally collaborated publications
United Kingdom	5,525	2.98
Germany	3,965	3.05
United States	3,904	3.42
Netherlands	3,566	3.02
Sweden	2,194	3.22
France	2,085	3.52
Italy	1,952	3.56
Spain	1,912	3.47
Switzerland	1,801	3.22
Belgium	1,522	3.47
Denmark	1,084	3.80
Canada	983	4.14
Austria	843	3.43
Australia	730	5.70
Finland	676	3.90
China	656	4.92
Norway	600	4.13
Ireland	407	3.68
Greece	388	5.92
Poland	311	4.68
Japan	305	6.42
Portugal	297	6.92

Israel	246	4.51
Brazil	228	3.83
Singapore	217	5.99
South Africa	214	8.82
Hungary	138	3.70
South Korea	136	10.46
Czechia	133	6.25
Luxembourg	131	3.60
Estonia	122	7.17
India	111	7.01
Saudi Arabia	105	3.08
Iceland	103	6.40
Taiwan	88	9.54
Slovenia	87	4.29
Turkey	84	12.34
New Zealand	78	7.06
Lithuania	73	5.40
Egypt	73	9.18
Croatia	72	8.66
Chile	60	14.51
Russia	57	9.24
Argentina	57	16.50
Cyprus	48	8.90
Serbia	46	3.36
Romania	45	5.93
Kenya	36	9.46
Qatar	35	4.01
Thailand	35	7.38
Iran	33	10.05
Mexico	30	21.02
Latvia	29	9.16
Ukraine	28	3.61
Colombia	28	2.79
Malaysia	25	3.66
Democratic Republic of the Congo	24	1.02
Palestinian Territory	24	1.69
Tanzania	24	2.54
Uganda	23	2.92
Kuwait	21	5.70
Pakistan	21	11.12
Bulgaria	20	13.06
Sierra Leone	18	1.41
Vietnam	17	15.65
Georgia	14	12.59
Liechtenstein	14	2.62
United Arab Emirates	14	1.93
Bangladesh	13	10.80
Nigeria	13	2.51
Indonesia	12	26.08
Guinea	11	2.24
Philippines	10	18.41

Burkina Faso	10	3.45
Mozambique	10	15.47
Gambia	10	13.15
Malawi	10	2.46
Slovakia	9	3.03
Tunisia	9	2.50
Iraq	9	1.57
Malta	8	4.03
Sri Lanka	8	25.95
Senegal	8	3.29
Uruguay	8	2.13
Gabon	8	1.32
Lebanon	8	3.66
Peru	7	15.12
Ghana	7	31.20
Belarus	7	4.10
Mali	7	2.23
Jordan	7	19.58
Moldova	7	2.30
North Macedonia	6	1.66
Ethiopia	6	7.02
El Salvador	4	29.32
Guatemala	4	24.96
Nepal	4	24.00
Oman	4	2.08
Rwanda	4	1.17
Namibia	4	58.12
Armenia	3	1.94
Bosnia and Herzegovina	3	2.64
Kazakhstan	3	1.68
Kosovo	3	2.46
Jamaica	3	3.09
Zambia	3	42.02
Ecuador	3	1.33
Liberia	3	1.33
Albania	2	0.26
Cambodia	2	41.50
Ivory Coast	2	0.73
Faroe Islands	2	1.34
Cuba	2	2.59
Monaco	2	0.29
Bahrain	1	0.51
Bolivia	1	2.97
Gibraltar	1	3.79
Montenegro	1	4.14
Suriname	1	0.67
Libya	1	0.65
Republic of the Congo	1	0.74
Algeria	1	0.21
Fiji	1	0.32
Paraguay	1	81.64

Morocco	1	81.64
Mongolia	1	137.62
Bhutan	1	137.62
Laos	1	1.36
Uzbekistan	1	3.50
Kyrgyzstan	1	3.50
Samoa	1	4.78
Zimbabwe	1	1.18
Niger	1	3.46
Benin	1	3.46
Botswana	1	0.48

Table A5.4: City clusters for IMI funded research, 2010-2025 (100 publications minimum)

City	Country	Region	Number of publications	Mean Field-Normalized Citation Impact of publications	Number of internationally collaborated publications
London	United Kingdom	Europe	3,645	3.05	3,024
Stockholm	Sweden	Europe (EU27)	1,507	2.80	1,288
Oxford	United Kingdom	Europe	1,486	3.68	1,271
Amsterdam	Netherlands	Europe (EU27)	1,399	3.89	1,198
Paris	France	Europe (EU27)	1,303	3.82	1,128
Cambridge	United Kingdom	Europe	1,194	3.56	954
Barcelona	Spain	Europe (EU27)	1,192	4.08	1,031
Utrecht	Netherlands	Europe (EU27)	1,182	2.88	992
Madrid	Spain	Europe (EU27)	1,019	2.97	826
Berlin	Germany	Europe (EU27)	943	3.87	768
Milan + Brescia	Italy	Europe (EU27)	938	3.79	787
Boston USA + Cambridge USA	United States	North America	884	4.77	879
Copenhagen	Denmark	Europe (EU27)	825	3.87	725
Leiden	Netherlands	Europe (EU27)	821	2.39	593
Rotterdam	Netherlands	Europe (EU27)	746	3.24	661
New York	United States	North America	702	5.33	690
Nijmegen	Netherlands	Europe (EU27)	691	2.58	598
Munich	Germany	Europe (EU27)	690	4.83	575
Basel	Switzerland	Europe	656	3.43	619
Vienna	Austria	Europe (EU27)	654	2.91	564
Maastricht	Netherlands	Europe (EU27)	634	4.29	581
Uppsala	Sweden	Europe (EU27)	604	2.50	493
Groningen	Netherlands	Europe (EU27)	596	2.73	497
Leuven	Belgium	Europe (EU27)	583	3.93	519
Toronto	Canada	North America	583	3.83	521
Frankfurt am Main	Germany	Europe (EU27)	576	2.71	466
Heidelberg	Germany	Europe (EU27)	526	4.08	440
Geneva	Switzerland	Europe	522	3.29	476
Rome	Italy	Europe (EU27)	518	3.40	398
Edinburgh	United Kingdom	Europe	515	5.28	415

Newcastle upon Tyne	United Kingdom	Europe	508	4.53	429
Erlangen	Germany	Europe (EU27)	504	3.36	359
Hamburg	Germany	Europe (EU27)	491	3.10	376
Brussels	Belgium	Europe (EU27)	486	3.63	452
Bonn	Germany	Europe (EU27)	481	3.61	384
Manchester	United Kingdom	Europe	479	2.83	394
Zurich	Switzerland	Europe	466	3.47	422
Lausanne	Switzerland	Europe	458	2.83	421
Molndal + Gothenburg	Sweden	Europe (EU27)	440	4.41	424
Lund	Sweden	Europe (EU27)	429	4.42	399
Dundee	United Kingdom	Europe	428	3.28	344
Oslo	Norway	Europe	395	3.60	380
Helsinki	Finland	Europe (EU27)	379	4.00	344
Dublin	Ireland	Europe (EU27)	379	3.59	351
Mannheim	Germany	Europe (EU27)	378	3.11	344
Melbourne	Australia	Oceania	338	5.29	336
Antwerp	Belgium	Europe (EU27)	330	4.85	287
Nottingham	United Kingdom	Europe	321	3.29	276
Montreal	Canada	North America	295	4.83	287
Hanover	Germany	Europe (EU27)	292	3.28	225
Tübingen	Germany	Europe (EU27)	291	2.55	242
Dresden	Germany	Europe (EU27)	290	2.66	261
Birmingham	United Kingdom	Europe	287	5.58	231
Philadelphia	United States	North America	279	5.01	274
Pisa	Italy	Europe (EU27)	278	3.74	226
Freiburg	Germany	Europe (EU27)	267	3.35	216
Bethesda	United States	North America	266	5.02	262
Braunschweig	Germany	Europe (EU27)	264	2.99	213
Indianapolis	United States	North America	261	5.56	255
Los Angeles	United States	North America	260	6.45	257
Kiel	Germany	Europe (EU27)	259	4.05	210
Beerse	Belgium	Europe (EU27)	259	2.39	240
Aarhus	Denmark	Europe (EU27)	251	4.78	221
Raritan	United States	North America	249	3.25	246
Ghent	Belgium	Europe (EU27)	248	4.48	221
Liverpool	United Kingdom	Europe	243	3.45	184
Bristol	United Kingdom	Europe	243	2.81	191
Sheffield	United Kingdom	Europe	240	2.38	203
Athens	Greece	Europe (EU27)	239	7.03	222
Southampton	United Kingdom	Europe	230	4.70	208
Göttingen	Germany	Europe (EU27)	226	4.64	191
Glasgow	United Kingdom	Europe	226	3.87	162
Cologne	Germany	Europe (EU27)	225	3.66	192
Exeter	United Kingdom	Europe	220	2.69	185
Baltimore	United States	North America	215	5.50	214

Singapore	Singapore	Asia	214	6.01	214
Graz	Austria	Europe (EU27)	214	5.32	177
Marseille	France	Europe (EU27)	211	3.23	174
Ulm	Germany	Europe (EU27)	210	2.11	145
Gif-sur-Yvette	France	Europe (EU27)	207	2.52	179
Seattle	United States	North America	205	7.94	199
Turin	Italy	Europe (EU27)	202	6.62	168
Lille	France	Europe (EU27)	201	2.35	179
Kuopio	Finland	Europe (EU27)	199	3.14	187
Chapel Hill	United States	North America	194	3.97	163
Leverkusen	Germany	Europe (EU27)	194	1.73	177
Granada	Spain	Europe (EU27)	190	2.87	161
Münster	Germany	Europe (EU27)	189	5.24	168
Lyon	France	Europe (EU27)	187	3.67	170
Leeds	United Kingdom	Europe	183	5.30	122
Bergen	Norway	Europe	182	5.30	157
Seville	Spain	Europe (EU27)	180	6.77	152
Cardiff	United Kingdom	Europe	179	4.41	156
Stanford	United States	North America	177	7.01	174
San Diego	United States	North America	175	9.25	172
Toulouse	France	Europe (EU27)	175	2.58	165
Sodertalje	Sweden	Europe (EU27)	173	2.53	157
San Francisco	United States	North America	170	8.09	169
Mainz	Germany	Europe (EU27)	169	4.11	135
Bern	Switzerland	Europe	168	4.59	163
Düsseldorf	Germany	Europe (EU27)	165	6.60	124
Leipzig	Germany	Europe (EU27)	165	4.42	133
Bologna	Italy	Europe (EU27)	161	3.64	136
Cerdanyola del Vallès	Spain	Europe (EU27)	161	2.41	134
Sydney	Australia	Oceania	160	8.02	159
Turku	Finland	Europe (EU27)	160	4.98	141
Ingelheim am Rhein	Germany	Europe (EU27)	157	2.74	134
Valencia	Spain	Europe (EU27)	156	7.56	126
Leicester	United Kingdom	Europe	156	5.40	126
Durham	United States	North America	152	6.89	146
Chicago	United States	North America	151	11.21	144
Aachen	Germany	Europe (EU27)	151	3.20	123
Hong Kong	China	Asia	150	9.55	150
Houston	United States	North America	149	8.34	149
Wurzburg	Germany	Europe (EU27)	147	5.03	113
De Bilt	Netherlands	Europe (EU27)	146	2.89	119
Perth	Australia	Oceania	144	7.31	144
Brisbane	Australia	Oceania	139	9.38	135
Umeå	Sweden	Europe (EU27)	139	6.48	135
St Louis	United States	North America	135	13.71	133

Montpellier	France	Europe (EU27)	135	3.04	112
Ann Arbor	United States	North America	131	6.69	128
Krakow	Poland	Europe (EU27)	131	2.82	127
Lisbon	Portugal	Europe (EU27)	130	12.03	128
Charlottenlund	Denmark	Europe (EU27)	130	3.28	127
Thessaloniki	Greece	Europe (EU27)	130	2.92	116
Florence	Italy	Europe (EU27)	127	3.88	99
Stuttgart	Germany	Europe (EU27)	127	2.09	105
Vancouver	Canada	North America	126	4.55	124
Odense	Denmark	Europe (EU27)	126	4.42	115
Bordeaux	France	Europe (EU27)	126	3.46	117
Luxembourg	Luxembourg	Europe (EU27)	126	3.21	120
Lübeck	Germany	Europe (EU27)	124	4.36	115
Padova	Italy	Europe (EU27)	123	3.99	95
Tartu	Estonia	Europe (EU27)	122	8.81	113
Beijing	China	Asia	122	6.17	122
Santander	Spain	Europe (EU27)	122	3.69	105
Innsbruck	Austria	Europe (EU27)	121	3.06	111
Rochester	United States	North America	120	12.37	118
Ede	Netherlands	Europe (EU27)	119	2.56	95
Greifswald	Germany	Europe (EU27)	118	4.45	95
Tokyo	Japan	Asia	117	7.33	117
Tel Aviv	Israel	Asia	117	2.99	112
Atlanta	United States	North America	115	12.52	115
Prague	Czechia	Europe (EU27)	113	6.77	108
Burlington	United States	North America	113	2.63	112
Bremen	Germany	Europe (EU27)	113	1.91	83
Shanghai	China	Asia	112	10.91	110
Linköping	Sweden	Europe (EU27)	112	4.88	104
Kongens Lyngby	Denmark	Europe (EU27)	111	3.45	94
Pittsburgh	United States	North America	110	7.10	110
Verona	Italy	Europe (EU27)	105	4.72	95
Zaragoza	Spain	Europe (EU27)	105	3.34	92
Trondheim	Norway	Europe	104	7.52	102
Reykjavik	Iceland	Europe	104	6.39	101
Siena	Italy	Europe (EU27)	104	2.20	79
São Paulo	Brazil	South America	101	5.33	101
Salt Lake City	United States	North America	101	5.01	99
Genoa	Italy	Europe (EU27)	101	4.25	87

Table A5.5: Top organizations within each city cluster based on volume of IMI funded publications, 2010-2025 (10 publications minimum)

City	Country	Organisations	Organisation type	Number of Publications	Mean Field Normalised Citation Impact of publications
Amsterdam	Netherlands	Amsterdam UMC Location VUmc	Healthcare	431	4.32
		Vrije Universiteit Amsterdam	Education	374	3.26
		Amsterdam Neuroscience	Facility	329	4.23
		University of Amsterdam	Education	324	6.20
		Amsterdam University Medical Centers	Healthcare	206	7.30
		Amsterdam UMC Location AMC	Healthcare	195	4.30
		European Medicines Agency	Government	63	1.71
		Antoni van Leeuwenhoek Hospital	Healthcare	33	5.17
		Amsterdam Cardiovascular Sciences	Healthcare	26	4.33
		GGZ inGeest	Nonprofit	18	6.45
		Emma Kinderziekenhuis	Healthcare	15	4.15
		Sanquin	Nonprofit	14	2.57
		ERN GUARD-Heart	Healthcare	11	1.74
Berlin	Germany	Charité - University Medicine Berlin	Healthcare	347	4.31
		German Centre for Cardiovascular Research	Facility	180	3.75
		Charité - University Medicine Berlin, Campus Charité Mitte	Education	102	2.58
		Bayer Pharma AG	Company	88	2.49
		Berlin Institute of Health at Charité - Universitätsmedizin Berlin	Facility	83	8.14
		Humboldt-Universität zu Berlin	Education	74	7.91
		German Rheumatism Research Centre	Facility	64	3.59
		Max Delbrück Center for Molecular Medicine	Facility	49	6.25
		Freie Universität Berlin	Education	40	4.06
		Max Planck Institute for Infection Biology	Facility	37	4.86
		Life Molecular Imaging GmbH	Company	27	6.19
		Max Planck Institute for Molecular Genetics	Facility	27	2.29
		Charité – University Medicine Berlin, Campus Virchow-Klinikum	Education	25	6.51
		Technical University of Berlin	Education	20	0.59
		NeuroCure Cluster of Excellence	Education	15	5.86
		Deutsches Herzzentrum der Charité	Healthcare	15	3.44
		Robert Koch Institute	Government	14	22.25
		Leibniz-Forschungsinstitut für Molekulare Pharmakologie	Facility	14	1.73
Boston USA + Cambridge USA	United States	Harvard University	Education	501	5.83
		Massachusetts General Hospital	Healthcare	236	7.61
		Broad Institute	Nonprofit	151	6.52
		The Brigham and Women's Hospital Inc	Healthcare	139	5.78
		Boston University	Education	107	5.32
		Boston Children's Hospital	Healthcare	77	4.68
		Beth Israel Deaconess Medical Center	Healthcare	56	8.04
		Novartis Institutes for Biomedical Research Inc	Company	47	4.51
		Biogen Inc	Company	37	9.25

		Northeastern University	Education	36	1.48
		Dana Farber Cancer Institute Inc	Healthcare	35	12.48
		Massachusetts Institute of Technology	Education	31	2.76
		Sanofi Pasteur Biologics LLC	Company	17	1.56
		Millennium Pharmaceuticals Inc	Company	17	1.32
		VA Boston Healthcare System	Healthcare	16	18.38
		Tufts Medical Center Inc	Healthcare	11	1.42
		Springhouse	Nonprofit	10	1.59
London	**United Kingdom**	King's College London	Education	1473	3.05
		University College London	Education	944	3.81
		Imperial College London	Education	750	3.90
		GlaxoSmithKline Research and Development Ltd	Company	235	2.99
		London School of Hygiene & Tropical Medicine	Education	195	3.69
		AstraZeneca UK Ltd	Company	187	2.23
		Birkbeck, University of London	Education	166	2.27
		Queen Mary University of London	Education	146	7.28
		South London and Maudsley NHS Foundation Trust	Healthcare	144	2.53
		City St George's, University of London	Education	121	3.65
		Royal Brompton Hospital	Healthcare	103	3.23
		National Institute for Health and Care Research	Government	100	6.41
		Health Data Research UK	Nonprofit	98	7.76
		National Health Service England	Healthcare	94	5.12
		National Hospital for Neurology and Neurosurgery	Healthcare	86	4.69
		Medicines and Healthcare Products Regulatory Agency	Government	62	3.84
		The Alan Turing Institute	Facility	60	5.38
		UCL Biomedical Research Centre	Healthcare	57	3.83
		University College London Hospitals NHS Foundation Trust	Healthcare	56	3.76
		Medical Research Council	Government	55	2.80
		Guy's and St Thomas' NHS Foundation Trust	Healthcare	53	3.71
		The Institute of Cancer Research: Royal Cancer Hospital	Education	48	3.37
		UK Dementia Research Institute	Facility	48	2.52
		The Francis Crick Institute Ltd	Nonprofit	46	5.93
		University College Hospital	Healthcare	40	2.98
		UCL Institute of Child Health	Education	39	3.10
		King's College Hospital	Healthcare	38	4.39
		Public Health England	Government	38	1.07
		NIHR Maudsley Dementia Biomedical Research Unit	Government	37	4.05
		Hammersmith Hospital	Healthcare	37	3.46
		British Heart Foundation	Nonprofit	34	3.92
		King's College Hospital NHS Foundation Trust	Healthcare	33	3.47
		London School of Economics and Political Science	Education	27	1.98
		Guy's Hospital	Healthcare	26	3.84
		Evelina London Children's Healthcare	Healthcare	26	1.57

		Royal London Hospital	Healthcare	24	4.16
		King's Health Partners	Healthcare	24	1.83
		NIHR Maudsley Biomedical Research Centre	Healthcare	23	1.61
		Bethlem Royal Hospital	Healthcare	22	1.99
		St Thomas' Hospital	Healthcare	22	1.60
		Royal Brompton & Harefield NHS Foundation Trust	Healthcare	21	5.12
		Barts Health NHS Trust	Healthcare	20	4.77
		UCL Institute of Ophthalmology	Nonprofit	20	2.05
		Brunel University London	Education	19	5.09
		St Bartholomew's Hospital	Healthcare	19	1.75
		University of Westminster	Education	18	2.47
		UK Health Security Agency	Government	18	2.21
		University of London	Education	16	4.29
		MRC Unit for Lifelong Health and Ageing	Facility	16	3.01
		Cancer Research UK	Nonprofit	13	3.33
		Phytopharm Ltd	Company	13	2.49
		Moorfields Eye Hospital NHS Foundation Trust	Healthcare	13	2.06
		The Royal Veterinary College	Education	12	3.75
		Wellcome Centre for Human Neuroimaging	Facility	12	3.11
		University of Greenwich	Education	12	2.79
		MRC Laboratory for Molecular Cell Biology	Facility	12	2.55
		Imperial College Healthcare NHS Trust	Healthcare	12	2.11
		William Harvey Research Institute	Facility	11	11.69
		Great Ormond Street Hospital	Healthcare	11	9.04
		St George's University Hospitals NHS Foundation Trust	Healthcare	11	3.10
		Royal Marsden Hospital	Healthcare	10	6.49
		Wellcome Trust Ltd	Nonprofit	10	2.55
		Bristol-Myers Squibb (United Kingdom)	Company	10	1.43
		Royal Marsden NHS Foundation Trust	Healthcare	10	1.43
		Royal College of General Practitioners	Education	10	1.18
Stockholm	**Sweden**	Karolinska Institutet	Education	1,253	2.90
		Karolinska University Hospital	Healthcare	470	2.82
		KTH Royal Institute of Technology	Education	109	1.82
		Stockholm Regional Council	Government	103	1.90
		Stockholm University	Education	83	2.35
		Stockholm Health Care Services	Healthcare	59	1.79
		Science for Life Laboratory	Facility	45	1.92
		Danderyds sjukhus	Healthcare	16	3.00

Table A5.6: Top countries collaborating with the UK for IMI funded research, 2010-2025 (10 publications minimum)

Top Countries collaborating with UK	Number of Publications	Mean Field-Normalized Citation Impact
United States	2,287	3.94
Netherlands	2,258	3.33
Germany	2,180	3.77

Sweden	1,294	3.83
France	1,291	4.39
Spain	1,219	4.25
Italy	1,166	4.49
Switzerland	1,095	3.59
Belgium	902	4.61
Denmark	739	4.25
Canada	638	4.90
Australia	535	6.70
Finland	453	4.50
Norway	435	5.11
Austria	435	4.63
China	432	6.40
Ireland	327	4.00
Greece	265	7.64
Poland	199	6.24
Japan	198	8.52
Portugal	189	9.58
Singapore	170	7.14
Israel	167	5.47
South Africa	165	10.56
Brazil	132	4.98
South Korea	114	12.03
Hungary	98	4.52
Estonia	92	8.78
Saudi Arabia	90	3.21
Luxembourg	87	4.36
Czechia	86	7.47
Taiwan	79	10.17
India	79	8.98
New Zealand	67	7.99
Iceland	64	8.54
Croatia	61	9.82
Slovenia	61	4.67
Turkey	55	17.31
Lithuania	48	7.00
Egypt	40	15.49
Russia	40	12.01
Chile	39	20.38
Cyprus	37	10.39
Romania	37	6.78
Argentina	32	25.97
Serbia	27	3.72
Kenya	26	11.76
Thailand	25	10.01
Palestinian Territory	24	1.69
Qatar	23	5.09
Tanzania	22	2.65
Colombia	21	3.20
Uganda	21	2.83
Iran	20	15.69

Latvia	18	13.81
Malaysia	18	4.65
Sierra Leone	18	1.41
Mexico	17	33.51
Pakistan	17	12.52
Vietnam	14	17.82
Kuwait	14	7.84
Georgia	13	13.46
Ukraine	13	4.47
Nigeria	13	2.51
Bulgaria	12	21.94
Philippines	10	18.41
Mozambique	10	15.47
Bangladesh	10	13.89
Gambia	10	13.15
Malawi	10	2.46

Table A5.7: Top 50 city collaborations for IMI funded research with the London cluster, 2010-2025

Rank	City	Country	Region	Number of collaborated publications	Mean Field-Normalized Citation Impact of collaborated publications
1	Amsterdam	Netherlands	Europe (EU27)	662	4.35
2	Cambridge	United Kingdom	Europe	639	3.55
3	Oxford	United Kingdom	Europe	584	4.73
4	Stockholm	Sweden	Europe (EU27)	516	4.67
5	Paris	France	Europe (EU27)	505	5.45
6	Barcelona	Spain	Europe (EU27)	438	5.62
7	Utrecht	Netherlands	Europe (EU27)	423	4.60
8	Madrid	Spain	Europe (EU27)	370	4.14
9	Milan + Brescia	Italy	Europe (EU27)	363	4.50
10	Berlin	Germany	Europe (EU27)	360	6.12
11	Boston USA + Cambridge USA	United States	North America	343	6.16
12	Copenhagen	Denmark	Europe (EU27)	319	6.04
13	Nijmegen	Netherlands	Europe (EU27)	305	3.29
14	Edinburgh	United Kingdom	Europe	284	5.71
15	Maastricht	Netherlands	Europe (EU27)	278	5.67
16	New York	United States	North America	273	6.47
17	Basel	Switzerland	Europe	269	4.44
18	Mannheim	Germany	Europe (EU27)	267	3.43
19	Munich	Germany	Europe (EU27)	249	7.12
20	Manchester	United Kingdom	Europe	238	3.96
21	Molndal + Gothenburg	Sweden	Europe (EU27)	235	5.71
22	Rotterdam	Netherlands	Europe (EU27)	234	5.86
23	Toronto	Canada	North America	232	4.96
24	Geneva	Switzerland	Europe	230	4.65
25	Leuven	Belgium	Europe (EU27)	216	6.92
26	Nottingham	United Kingdom	Europe	210	3.46
27	Montreal	Canada	North America	201	5.33

28	Dublin	Ireland	Europe (EU27)	194	4.65
29	Brussels	Belgium	Europe (EU27)	188	4.05
30	Groningen	Netherlands	Europe (EU27)	185	5.23
31	Dresden	Germany	Europe (EU27)	184	3.08
32	Vienna	Austria	Europe (EU27)	181	5.25
33	Heidelberg	Germany	Europe (EU27)	178	7.21
34	Leiden	Netherlands	Europe (EU27)	176	4.74
35	Newcastle upon Tyne	United Kingdom	Europe	176	4.69
36	Oslo	Norway	Europe	175	5.40
37	Lausanne	Switzerland	Europe	175	4.19
38	Hamburg	Germany	Europe (EU27)	173	4.37
39	Melbourne	Australia	Oceania	170	7.35
40	Zurich	Switzerland	Europe	169	4.44
41	Bonn	Germany	Europe (EU27)	168	6.28
42	Dundee	United Kingdom	Europe	162	4.62
43	Frankfurt am Main	Germany	Europe (EU27)	162	3.96
44	Southampton	United Kingdom	Europe	155	2.72
45	Uppsala	Sweden	Europe (EU27)	151	4.28
46	Lund	Sweden	Europe (EU27)	148	5.78
47	Rome	Italy	Europe (EU27)	144	6.43
48	Birmingham	United Kingdom	Europe	140	5.52
49	Helsinki	Finland	Europe (EU27)	140	5.22
50	Singapore	Singapore	Asia	137	7.34

Table A5.8: Top countries collaborating with Germany for IMI funded research, 2010-2025 (10 publications minimum)

Top Countries collaborating with Germany	Number of Publications	Mean Field-Normalized Citation Impact
United Kingdom	2,180	3.77
United States	1,640	4.08
Netherlands	1,384	3.97
France	1,084	4.58
Switzerland	976	3.83
Sweden	911	4.11
Italy	904	4.96
Spain	892	4.82
Belgium	654	5.34
Austria	566	4.02
Denmark	533	5.12
Canada	437	5.50
Norway	348	4.95
Finland	327	5.20
Australia	317	9.42
Ireland	272	4.21
China	244	8.58
Greece	232	8.32
Poland	204	6.53
Portugal	178	10.46
Japan	156	9.50
Israel	149	5.20
Singapore	108	8.89

Luxembourg	95	4.47
Brazil	91	6.48
South Africa	89	16.72
Hungary	83	5.34
Czechia	80	8.41
South Korea	71	17.03
Slovenia	71	4.72
Estonia	61	11.14
Iceland	54	9.20
India	53	11.30
Turkey	51	18.28
Croatia	49	11.57
New Zealand	41	11.50
Taiwan	40	14.71
Russia	40	12.50
Saudi Arabia	36	5.17
Chile	34	23.52
Argentina	33	25.63
Romania	29	7.38
Serbia	29	4.25
Egypt	25	23.07
Lithuania	24	12.67
Cyprus	23	13.54
Thailand	18	13.36
Qatar	16	5.48
Latvia	15	15.75
Iran	13	22.61
Ukraine	13	2.93
Kenya	12	21.80
Bulgaria	12	18.83
Pakistan	12	16.61
Colombia	12	3.78
Mexico	11	49.23
Vietnam	10	22.64
Georgia	10	15.98

Table A5.9: Top 50 city collaborations for IMI funded research with the Berlin cluster, 2010-2025

Rank	City	Country	Region	Number of collaborated publications	Mean Field-Normalized Citation Impact of collaborated publications
1	London	United Kingdom	Europe	360	6.12
2	Hamburg	Germany	Europe (EU27)	243	3.61
3	Paris	France	Europe (EU27)	197	7.31
4	Mannheim	Germany	Europe (EU27)	154	4.41
5	Munich	Germany	Europe (EU27)	151	8.17
6	Barcelona	Spain	Europe (EU27)	132	10.70
7	Heidelberg	Germany	Europe (EU27)	132	8.07
8	Dublin	Ireland	Europe (EU27)	130	5.19
9	Dresden	Germany	Europe (EU27)	130	2.62
10	Stockholm	Sweden	Europe (EU27)	129	7.05

11	Vienna	Austria	Europe (EU27)	128	5.58
12	Boston USA + Cambridge USA	United States	North America	121	10.07
13	Göttingen	Germany	Europe (EU27)	119	6.71
14	Amsterdam	Netherlands	Europe (EU27)	118	9.45
15	Toronto	Canada	North America	117	5.81
16	Bonn	Germany	Europe (EU27)	116	7.54
17	Braunschweig	Germany	Europe (EU27)	115	3.82
18	Cambridge	United Kingdom	Europe	110	5.25
19	Nottingham	United Kingdom	Europe	110	3.62
20	New York	United States	North America	102	8.92
21	Madrid	Spain	Europe (EU27)	100	7.70
22	Milan + Brescia	Italy	Europe (EU27)	99	7.67
23	Burlington	United States	North America	99	2.53
24	Erlangen	Germany	Europe (EU27)	96	5.89
25	Copenhagen	Denmark	Europe (EU27)	94	13.33
26	Montreal	Canada	North America	94	7.06
27	Oxford	United Kingdom	Europe	90	12.13
28	Basel	Switzerland	Europe	84	7.59
29	Utrecht	Netherlands	Europe (EU27)	78	12.65
30	Birmingham	United Kingdom	Europe	78	5.85
31	Maastricht	Netherlands	Europe (EU27)	76	11.52
32	Rotterdam	Netherlands	Europe (EU27)	73	12.87
33	Gif-sur-Yvette	France	Europe (EU27)	71	3.33
34	Edinburgh	United Kingdom	Europe	70	11.52
35	Leuven	Belgium	Europe (EU27)	69	11.95
36	Cologne	Germany	Europe (EU27)	69	6.75
37	Geneva	Switzerland	Europe	64	7.53
38	Groningen	Netherlands	Europe (EU27)	61	10.57
39	Zurich	Switzerland	Europe	60	7.01
40	Leiden	Netherlands	Europe (EU27)	58	8.95
41	Bethesda	United States	North America	55	12.23
42	Brussels	Belgium	Europe (EU27)	55	8.17
43	Uppsala	Sweden	Europe (EU27)	54	4.95
44	Freiburg	Germany	Europe (EU27)	52	8.19
45	Philadelphia	United States	North America	51	13.59
46	Leipzig	Germany	Europe (EU27)	51	7.97
47	Greifswald	Germany	Europe (EU27)	51	7.23
48	Nijmegen	Netherlands	Europe (EU27)	51	6.42
49	Münster	Germany	Europe (EU27)	50	9.96
50	Melbourne	Australia	Oceania	49	16.49

Table A5.10: Top countries collaborating with the United States for IMI funded research, 2010-2025 (10 publications minimum)

Top Countries collaborating with USA	Number of Publications	Mean Field-Normalized Citation Impact
United Kingdom	2,287	3.94
Germany	1,640	4.08
Netherlands	1,449	4.42
Sweden	883	4.72
France	877	5.18

Spain	815	5.24
Italy	783	5.57
Switzerland	766	4.51
Canada	641	5.14
Belgium	593	5.72
Denmark	501	5.76
Australia	430	7.74
Austria	348	5.42
China	316	7.58
Finland	316	5.25
Norway	309	5.44
Ireland	237	4.51
Japan	189	8.87
Greece	164	11.13
Israel	139	5.57
Singapore	127	8.42
Portugal	121	13.39
Brazil	120	5.75
South Africa	115	13.58
Poland	114	8.79
South Korea	105	12.78
India	72	9.69
Saudi Arabia	64	2.90
Czechia	61	9.93
Estonia	61	9.75
Iceland	59	8.98
Taiwan	48	13.83
Luxembourg	48	7.28
Turkey	45	21.11
New Zealand	44	11.61
Hungary	41	7.61
Argentina	40	21.43
Croatia	39	12.32
Chile	38	21.69
Russia	36	13.17
Lithuania	34	9.34
Slovenia	30	7.29
Kenya	26	12.68
Romania	26	8.28
Egypt	24	24.82
Palestinian Territory	22	1.65
Cyprus	20	14.99
Qatar	19	6.05
Serbia	19	3.73
Thailand	17	14.35
Mexico	16	35.25
Pakistan	16	13.62
Colombia	16	3.50
Iran	13	24.49
Kuwait	13	7.48
Ukraine	13	5.46

Uganda	12	4.26
Bulgaria	11	23.02
Latvia	11	20.16
Philippines	10	18.41
Liechtenstein	10	3.00

Table A5.11: Top 50 city collaborations for IMI funded research with the Boston + Cambridge (United States) cluster, 2010-2025

Rank	City	Country	Region	Number of collaborated publications	Mean Field-Normalized Citation Impact of collaborated publications
1	London	United Kingdom	Europe	343	6.16
2	Oxford	United Kingdom	Europe	227	6.50
3	Amsterdam	Netherlands	Europe (EU27)	190	9.74
4	New York	United States	North America	165	8.68
5	Stockholm	Sweden	Europe (EU27)	165	5.46
6	Barcelona	Spain	Europe (EU27)	159	7.80
7	Rotterdam	Netherlands	Europe (EU27)	145	6.40
8	Paris	France	Europe (EU27)	136	7.99
9	Cambridge	United Kingdom	Europe	124	5.62
10	Berlin	Germany	Europe (EU27)	121	10.07
11	Utrecht	Netherlands	Europe (EU27)	121	6.86
12	Copenhagen	Denmark	Europe (EU27)	118	12.64
13	Leiden	Netherlands	Europe (EU27)	117	4.58
14	Lund	Sweden	Europe (EU27)	105	7.34
15	Dundee	United Kingdom	Europe	105	4.22
16	Toronto	Canada	North America	103	8.28
17	Munich	Germany	Europe (EU27)	102	10.68
18	Los Angeles	United States	North America	102	10.06
19	Bonn	Germany	Europe (EU27)	96	7.49
20	Baltimore	United States	North America	95	7.06
21	Madrid	Spain	Europe (EU27)	95	6.99
22	Maastricht	Netherlands	Europe (EU27)	91	11.70
23	Milan + Brescia	Italy	Europe (EU27)	91	6.87
24	Melbourne	Australia	Oceania	90	8.46
25	Oslo	Norway	Europe	90	7.00
26	Edinburgh	United Kingdom	Europe	89	9.31
27	Bethesda	United States	North America	85	7.27
28	Manchester	United Kingdom	Europe	84	3.82
29	Philadelphia	United States	North America	77	8.05
30	Molndal + Gothenburg	Sweden	Europe (EU27)	75	5.04
31	Helsinki	Finland	Europe (EU27)	74	7.60
32	Groningen	Netherlands	Europe (EU27)	73	9.44
33	Heidelberg	Germany	Europe (EU27)	72	8.80
34	Basel	Switzerland	Europe	70	13.05
35	Vienna	Austria	Europe (EU27)	69	8.27
36	Nijmegen	Netherlands	Europe (EU27)	68	6.89
37	Stanford	United States	North America	67	11.36
38	Aarhus	Denmark	Europe (EU27)	66	8.78
39	Geneva	Switzerland	Europe	63	7.15
40	Lausanne	Switzerland	Europe	63	4.49

41	Sydney	Australia	Oceania	62	10.45
42	Raritan	United States	North America	62	5.61
43	Umeå	Sweden	Europe (EU27)	60	11.21
44	Montreal	Canada	North America	60	10.50
45	San Francisco	United States	North America	58	13.86
46	Atlanta	United States	North America	58	11.95
47	San Diego	United States	North America	58	10.88
48	Seattle	United States	North America	58	8.70
49	Newcastle upon Tyne	United Kingdom	Europe	58	5.57
50	Salt Lake City	United States	North America	57	7.15

Table A5.12: Top countries collaborating with the Netherlands for IMI funded research, 2010-2025 (10 publications minimum)

Top Countries collaborating with Netherlands	Number of Publications	Mean Field-Normalized Citation Impact
United Kingdom	2,258	3.33
United States	1,449	4.42
Germany	1,384	3.97
Spain	977	4.28
France	912	4.64
Sweden	887	4.26
Belgium	796	4.47
Switzerland	779	3.96
Italy	728	5.11
Denmark	514	5.08
Australia	363	7.97
Norway	341	5.04
Austria	319	5.21
Canada	316	6.72
Finland	295	5.05
Greece	211	8.34
China	207	9.30
Poland	190	5.98
Ireland	146	5.49
Japan	136	9.12
Portugal	133	12.55
South Africa	101	14.48
Israel	96	5.83
Singapore	90	9.37
South Korea	88	14.50
Brazil	84	7.22
Czechia	77	8.29
Hungary	75	5.17
Estonia	73	8.70
Iceland	60	8.59
Saudi Arabia	59	2.98
Luxembourg	57	4.79
India	45	12.90
Lithuania	44	7.48
Turkey	43	20.95
Egypt	42	14.56

Croatia	41	11.27
Slovenia	41	4.85
New Zealand	40	12.02
Taiwan	31	16.61
Russia	26	16.72
Serbia	24	3.90
Palestinian Territory	23	1.77
Argentina	22	35.75
Romania	22	9.62
Chile	21	31.48
Cyprus	21	14.24
Mexico	18	31.13
Kenya	18	14.52
Iran	15	18.91
Thailand	14	14.28
Tanzania	14	2.42
Malaysia	12	5.89
Uganda	12	4.49
Ukraine	12	1.90
Qatar	11	6.68
Vietnam	10	25.11
Bulgaria	10	24.57
Latvia	10	21.67
Pakistan	10	17.53
Georgia	10	16.61

Table A5.13: Top 50 city collaborations for IMI funded research with the Amsterdam cluster, 2010-2025

Rank	City	Country	Region	Number of collaborated publications	Mean Field-Normalized Citation Impact of collaborated publications
1	London	United Kingdom	Europe	662	4.35
2	Stockholm	Sweden	Europe (EU27)	331	4.70
3	Maastricht	Netherlands	Europe (EU27)	309	5.29
4	Barcelona	Spain	Europe (EU27)	291	7.42
5	Utrecht	Netherlands	Europe (EU27)	272	3.78
6	Oxford	United Kingdom	Europe	240	7.81
7	Leiden	Netherlands	Europe (EU27)	237	3.75
8	Madrid	Spain	Europe (EU27)	207	4.54
9	Milan + Brescia	Italy	Europe (EU27)	193	8.00
10	Copenhagen	Denmark	Europe (EU27)	191	8.55
11	Boston USA + Cambridge USA	United States	North America	190	9.74
12	Rotterdam	Netherlands	Europe (EU27)	174	6.84
13	Paris	France	Europe (EU27)	170	10.87
14	Geneva	Switzerland	Europe	158	3.71
15	Groningen	Netherlands	Europe (EU27)	155	4.46
16	Molndal + Gothenburg	Sweden	Europe (EU27)	154	5.50
17	Cambridge	United Kingdom	Europe	149	4.39
18	Leuven	Belgium	Europe (EU27)	138	7.11
19	Nijmegen	Netherlands	Europe (EU27)	138	5.11
20	Lund	Sweden	Europe (EU27)	137	8.02

21	New York	United States	North America	132	13.65
22	Munich	Germany	Europe (EU27)	126	12.77
23	Lausanne	Switzerland	Europe	124	4.44
24	Southampton	United Kingdom	Europe	121	7.83
25	Berlin	Germany	Europe (EU27)	118	9.45
26	Bonn	Germany	Europe (EU27)	117	7.67
27	Brussels	Belgium	Europe (EU27)	116	8.40
28	Oslo	Norway	Europe	113	5.77
29	Basel	Switzerland	Europe	111	10.49
30	Antwerp	Belgium	Europe (EU27)	108	8.58
31	Manchester	United Kingdom	Europe	107	3.59
32	Edinburgh	United Kingdom	Europe	96	12.16
33	Melbourne	Australia	Oceania	90	9.86
34	Newcastle upon Tyne	United Kingdom	Europe	88	12.27
35	Rome	Italy	Europe (EU27)	79	7.63
36	Kuopio	Finland	Europe (EU27)	79	5.23
37	Lille	France	Europe (EU27)	79	2.66
38	Dundee	United Kingdom	Europe	78	3.92
39	Thessaloniki	Greece	Europe (EU27)	78	3.74
40	Nottingham	United Kingdom	Europe	77	6.18
41	Marseille	France	Europe (EU27)	76	4.16
42	Cologne	Germany	Europe (EU27)	75	5.83
43	Los Angeles	United States	North America	74	14.99
44	Vienna	Austria	Europe (EU27)	74	8.38
45	Raritan	United States	North America	71	6.89
46	Ghent	Belgium	Europe (EU27)	70	7.89
47	Hanover	Germany	Europe (EU27)	70	4.66
48	Bern	Switzerland	Europe	68	6.93
49	Mannheim	Germany	Europe (EU27)	68	6.79
50	Umeå	Sweden	Europe (EU27)	66	11.81

Table A5.14: Top countries collaborating with Sweden for IMI funded research, 2010-2025 (10 publications minimum)

Top Countries collaborating with Sweden	Number of Publications	Mean Field-Normalized Citation Impact
United Kingdom	1,294	3.83
Germany	911	4.11
Netherlands	887	4.26
United States	883	4.72
France	603	4.79
Italy	562	4.89
Spain	547	4.65
Switzerland	508	5.02
Denmark	414	5.77
Belgium	366	5.98
Finland	339	4.57
Australia	279	6.79
Norway	261	5.36
Austria	256	5.19
Canada	233	5.46
China	216	5.60

Greece	137	8.86
Poland	118	9.01
Portugal	93	10.46
Ireland	92	7.37
Japan	90	8.83
Singapore	82	8.79
Estonia	70	9.78
Hungary	69	5.62
South Korea	62	8.57
Czechia	55	9.44
Iceland	53	8.70
Saudi Arabia	52	3.85
South Africa	50	11.00
Israel	48	8.36
Brazil	46	10.06
Luxembourg	40	6.88
Slovenia	37	5.23
India	31	8.16
Turkey	28	13.46
New Zealand	26	8.03
Palestinian Territory	22	1.65
Latvia	20	12.42
Romania	19	9.06
Egypt	19	5.11
Croatia	18	15.73
Lithuania	17	17.26
Cyprus	17	17.07
Russia	17	16.25
Taiwan	16	31.61
Serbia	13	3.63
Chile	11	10.49
Argentina	11	3.95
Mexico	10	9.73

Table A5.15: Top 50 city collaborations for IMI funded research with the Stockholm cluster, 2010-2025

Rank	City	Country	Region	Number of collaborated publications	Mean Field-Normalized Citation Impact of collaborated publications
1	London	United Kingdom	Europe	516	4.67
2	Amsterdam	Netherlands	Europe (EU27)	331	4.70
3	Uppsala	Sweden	Europe (EU27)	304	2.94
4	Milan + Brescia	Italy	Europe (EU27)	195	4.99
5	Barcelona	Spain	Europe (EU27)	188	5.24
6	Paris	France	Europe (EU27)	184	6.36
7	Oxford	United Kingdom	Europe	184	5.67
8	Copenhagen	Denmark	Europe (EU27)	183	5.40
9	Cambridge	United Kingdom	Europe	169	4.92
10	Boston USA + Cambridge USA	United States	North America	165	5.46
11	Molndal + Gothenburg	Sweden	Europe (EU27)	162	5.35
12	Maastricht	Netherlands	Europe (EU27)	158	6.24

13	Lund	Sweden	Europe (EU27)	147	4.80
14	Madrid	Spain	Europe (EU27)	145	5.40
15	Berlin	Germany	Europe (EU27)	129	7.05
16	Utrecht	Netherlands	Europe (EU27)	128	6.27
17	Munich	Germany	Europe (EU27)	125	7.19
18	Vienna	Austria	Europe (EU27)	123	6.00
19	Helsinki	Finland	Europe (EU27)	118	5.12
20	Oslo	Norway	Europe	115	5.56
21	New York	United States	North America	114	9.20
22	Geneva	Switzerland	Europe	112	3.96
23	Nijmegen	Netherlands	Europe (EU27)	110	4.97
24	Basel	Switzerland	Europe	107	7.37
25	Rotterdam	Netherlands	Europe (EU27)	103	7.51
26	Kuopio	Finland	Europe (EU27)	102	4.30
27	Perth	Australia	Oceania	101	7.10
28	Manchester	United Kingdom	Europe	100	2.75
29	Leiden	Netherlands	Europe (EU27)	97	6.22
30	Lausanne	Switzerland	Europe	91	5.52
31	Umeå	Sweden	Europe (EU27)	90	6.29
32	Edinburgh	United Kingdom	Europe	89	8.19
33	Southampton	United Kingdom	Europe	88	2.64
34	Bonn	Germany	Europe (EU27)	84	9.14
35	Groningen	Netherlands	Europe (EU27)	84	6.90
36	Granada	Spain	Europe (EU27)	84	4.39
37	Heidelberg	Germany	Europe (EU27)	81	8.28
38	Leuven	Belgium	Europe (EU27)	81	8.16
39	Toronto	Canada	North America	81	7.81
40	Brussels	Belgium	Europe (EU27)	77	5.91
41	Mannheim	Germany	Europe (EU27)	75	6.82
42	Frankfurt am Main	Germany	Europe (EU27)	73	3.76
43	Rome	Italy	Europe (EU27)	70	8.67
44	Bergen	Norway	Europe	69	8.36
45	Zurich	Switzerland	Europe	68	5.29
46	Melbourne	Australia	Oceania	67	11.51
47	Hanover	Germany	Europe (EU27)	66	4.44
48	Los Angeles	United States	North America	65	10.48
49	Dundee	United Kingdom	Europe	64	6.57
50	Nottingham	United Kingdom	Europe	64	5.48

Annex 6: Data tables - Benchmarking

Table A6.1: Yearly number of papers - IMI funded research compared with selected comparators, 2010-2025

Year	IMI	MRC	WT	NHMRC	NIH	AMED	ICMR	CSIRO	FNIH	GCGH	C-Path
2010	38	8,542	6,569	3,696	4,523	9	760	1,036	362	144	21
2011	129	9,235	7,030	4,305	4,670	45	933	1,348	344	140	34
2012	283	9,688	7,755	4,703	4,594	155	959	1,419	370	128	39
2013	462	11,118	8,495	5,401	4,722	317	1,193	1,616	381	135	33
2014	559	11,182	8,481	5,858	4,765	543	1,307	1,654	477	184	47
2015	841	12,003	8,968	6,355	4,718	1,053	1,349	1,773	558	182	57
2016	940	12,382	8,823	6,647	5,352	2,701	1,503	1,582	689	172	51
2017	1,026	13,335	9,803	7,145	6,213	4,064	1,488	1,494	968	175	69
2018	1,074	13,913	10,655	7,722	6,742	4,722	1,458	1,558	1,350	180	61
2019	1,044	14,842	11,424	8,223	7,180	5,626	1,612	1,491	2,011	181	46
2020	1,406	17,731	13,912	9,211	8,031	8,412	2,199	1,633	2,485	163	59
2021	1,528	18,952	15,043	9,809	8,351	9,227	2,771	1,736	2,060	190	52
2022	1,429	17,932	13,338	8,972	8,189	6,325	3,289	1,537	1,830	148	54
2023	1,296	14,859	12,487	8,217	7,997	5,286	3,493	1,352	1,632	160	69
2024	1,168	13,779	12,366	8,224	8,638	5,316	3,929	1,397	1,903	151	75
2025	1,009	11,924	12,327	8,669	9,010	5,732	4,536	1,630	2,291	117	67
Number of papers	**14,232**	**211,417**	**167,476**	**113,157**	**103,695**	**59,533**	**32,779**	**24,256**	**19,711**	**2,550**	**834**

Figure A6.1 Trends in field-normalized citation impact – IMI funded research compared with selected comparators, 2010-2025

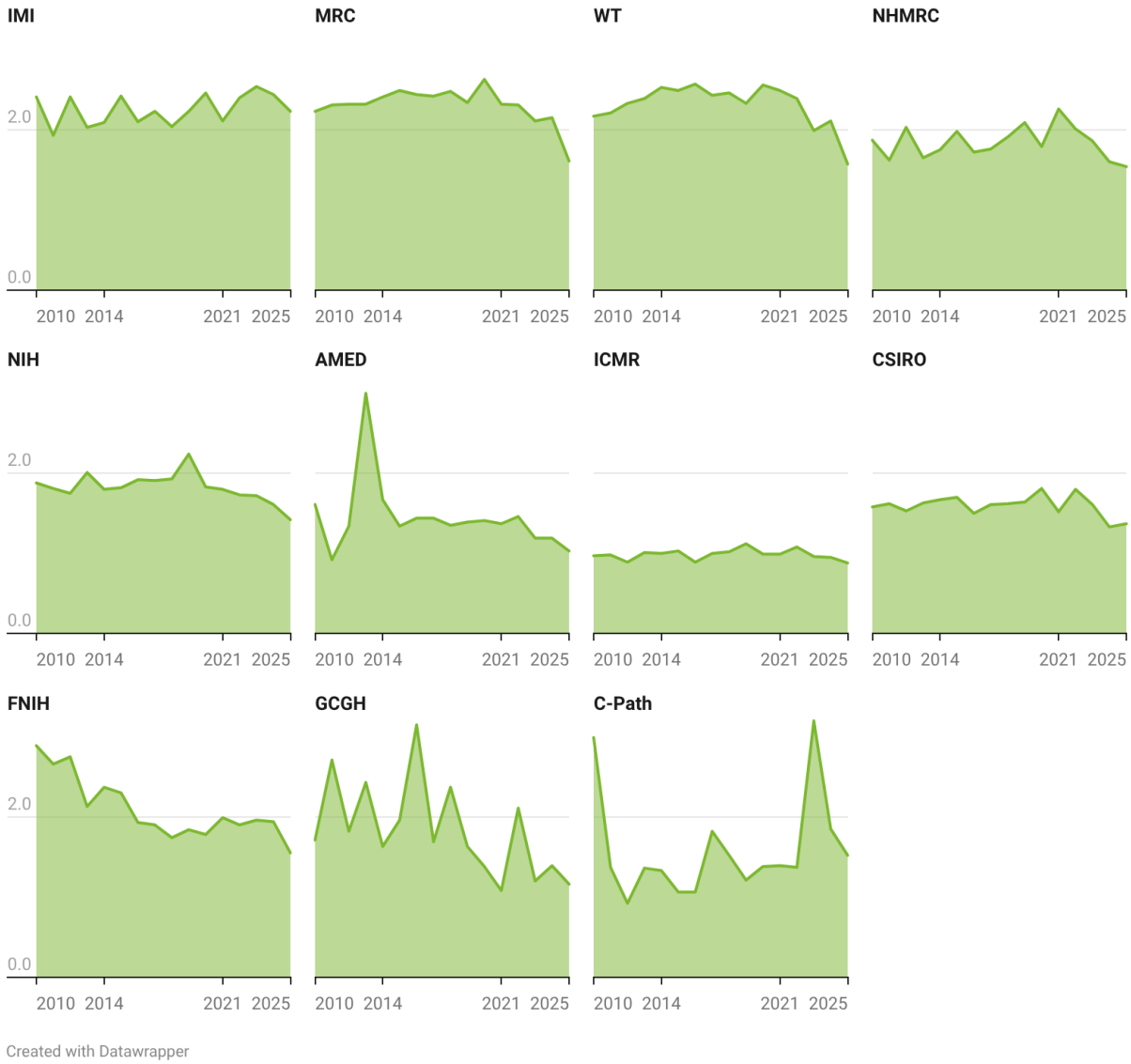


Table A6.2: Yearly field-normalized citation impact - IMI funded research compared with selected comparators, 2010-2025

Year	IMI	MRC	WT	NHMRC	NIH	AMED	ICMR	CSIRO	FNIH	GCGH	C-Path
2010	2.41	2.23	2.17	1.87	1.88	1.61	0.97	1.58	2.89	1.71	2.99
2011	1.93	2.31	2.21	1.62	1.81	0.92	0.98	1.62	2.66	2.71	1.37
2012	2.41	2.32	2.33	2.03	1.75	1.34	0.89	1.53	2.75	1.82	0.92
2013	2.03	2.32	2.39	1.65	2.01	3.00	1.01	1.63	2.13	2.43	1.36
2014	2.09	2.41	2.53	1.75	1.80	1.67	1.00	1.67	2.37	1.63	1.33
2015	2.42	2.49	2.49	1.98	1.82	1.34	1.03	1.70	2.30	1.96	1.06
2016	2.10	2.44	2.57	1.72	1.92	1.44	0.89	1.50	1.93	3.15	1.06
2017	2.23	2.42	2.43	1.76	1.91	1.44	1.00	1.61	1.90	1.69	1.82
2018	2.04	2.48	2.46	1.91	1.93	1.35	1.02	1.62	1.74	2.37	1.52
2019	2.23	2.34	2.33	2.09	2.24	1.39	1.12	1.64	1.84	1.63	1.21
2020	2.46	2.63	2.56	1.79	1.83	1.41	0.99	1.81	1.78	1.38	1.38
2021	2.11	2.32	2.49	2.26	1.80	1.37	0.99	1.52	1.99	1.08	1.39
2022	2.40	2.31	2.39	2.01	1.73	1.46	1.08	1.80	1.90	2.11	1.37
2023	2.54	2.11	1.99	1.86	1.72	1.19	0.96	1.61	1.96	1.20	3.20

2024	2.44	2.15	2.11	1.60	1.61	1.19	0.95	1.33	1.94	1.39	1.85
2025	2.23	1.61	1.57	1.54	1.42	1.03	0.88	1.37	1.55	1.16	1.52
Overall Mean field normalised citation impact of Publications	**2.28**	**2.33**	**2.33**	**1.86**	**1.82**	**1.35**	**0.98**	**1.60**	**1.94**	**1.86**	**1.58**

Table A6.3: Yearly share of highly cited papers (top 10%) per year - IMI funded research compared with selected comparators, 2010-2025

Year	IMI	MRC	WT	NHMRC	NIH	AMED	ICMR	CSIRO	FNIH	GCGH	C-Path
2010	36.8%	27.7%	27.8%	24.3%	24.8%	11.1%	11.3%	20.6%	41.4%	25.0%	14.3%
2011	28.7%	27.8%	28.0%	24.8%	22.3%	13.3%	10.1%	20.6%	36.9%	31.4%	20.6%
2012	26.9%	29.1%	29.7%	24.0%	22.9%	16.8%	10.1%	23.3%	35.7%	29.7%	10.3%
2013	24.5%	29.0%	29.6%	22.7%	24.0%	16.4%	11.6%	22.0%	31.5%	34.8%	18.2%
2014	28.3%	30.1%	31.8%	24.0%	23.7%	18.8%	12.3%	23.3%	30.4%	21.7%	12.8%
2015	28.2%	29.6%	32.2%	24.1%	24.9%	17.9%	10.5%	23.6%	30.8%	29.1%	17.5%
2016	29.0%	30.1%	32.5%	22.2%	24.5%	18.5%	10.6%	20.6%	26.4%	31.4%	5.9%
2017	28.8%	30.2%	30.5%	23.0%	26.1%	17.0%	11.7%	22.0%	24.4%	25.1%	17.4%
2018	28.4%	29.6%	29.6%	23.6%	26.3%	17.6%	12.7%	23.2%	24.7%	22.2%	18.0%
2019	32.6%	28.6%	29.3%	23.7%	24.9%	16.8%	13.2%	21.7%	24.8%	19.9%	13.0%
2020	32.6%	27.6%	28.4%	22.5%	24.3%	17.2%	14.0%	22.7%	27.2%	16.0%	16.9%
2021	33.0%	29.2%	29.7%	22.7%	26.0%	16.4%	12.0%	20.7%	28.5%	16.8%	15.4%
2022	33.3%	28.6%	28.8%	24.0%	24.6%	18.2%	12.6%	23.1%	29.5%	22.3%	24.1%
2023	33.5%	29.0%	27.6%	25.3%	24.2%	17.3%	11.7%	23.5%	29.5%	20.6%	27.5%
2024	32.0%	28.3%	25.9%	25.1%	23.7%	16.5%	11.8%	21.9%	29.0%	19.2%	21.3%
2025	30.4%	24.1%	23.8%	21.9%	21.2%	15.3%	12.8%	20.0%	24.6%	13.7%	19.4%

Table A6.4: Yearly share of highly cited papers (top 10%) per year - IMI funded research compared with selected regions, 2010-2025

Country	IMI	China	EU27+UK	Japan	United States
2010	36.8%	19.6%	19.0%	16.3%	23.3%
2011	28.7%	20.6%	19.3%	16.7%	23.1%
2012	26.9%	20.5%	20.1%	17.3%	23.8%
2013	24.7%	21.6%	20.4%	17.4%	24.4%
2014	28.3%	21.5%	20.8%	17.2%	24.5%
2015	28.2%	21.9%	20.9%	17.5%	24.6%
2016	29.0%	22.0%	21.2%	17.4%	24.5%
2017	28.8%	22.7%	21.0%	17.1%	24.3%
2018	28.6%	23.2%	20.8%	16.8%	23.8%
2019	32.5%	22.6%	20.8%	16.4%	23.4%
2020	32.6%	22.3%	20.2%	15.8%	22.6%
2021	33.0%	21.7%	20.2%	15.1%	22.6%
2022	33.3%	21.1%	20.0%	14.7%	22.2%
2023	33.3%	22.5%	20.2%	15.2%	21.7%
2024	32.0%	22.9%	20.3%	15.4%	21.7%
2025	30.3%	21.3%	19.5%	15.0%	20.3%

Table A6.5: Yearly share of highly cited papers (top 1%) per year - IMI funded research compared with selected regions, 2010-2025

Country	IMI	China	EU27+UK	Japan	United States
2010	10.5%	2.3%	2.3%	1.8%	3.5%
2011	7.0%	2.4%	2.4%	1.8%	3.5%
2012	5.7%	2.3%	2.5%	2.0%	3.6%
2013	6.9%	2.5%	2.6%	2.1%	3.7%
2014	4.8%	2.4%	2.7%	2.1%	3.8%
2015	4.8%	2.4%	2.7%	2.3%	3.8%
2016	4.6%	2.4%	2.8%	2.2%	3.9%
2017	5.2%	2.8%	2.8%	2.5%	3.8%
2018	4.7%	2.9%	2.8%	2.2%	3.8%
2019	5.7%	3.1%	2.8%	2.4%	3.8%
2020	5.7%	3.1%	2.6%	2.2%	3.5%
2021	5.6%	2.9%	2.7%	2.1%	3.7%
2022	6.9%	2.7%	2.6%	2.1%	3.7%
2023	6.6%	3.0%	2.7%	2.1%	3.5%
2024	6.4%	3.0%	2.7%	2.1%	3.5%
2025	6.8%	2.9%	2.6%	2.1%	3.3%

Table A6.6: Yearly percentage of open access papers - IMI funded research compared with selected comparators, 2010-2025

Year	IMI	MRC	WT	NHMRC	NIH	AMED	ICMR	CSIRO	FNIH	GCGH	C-Path
2010	47.4%	61.1%	74.4%	50.5%	63.2%	66.7%	36.2%	36.2%	69.3%	64.6%	28.6%
2011	51.9%	62.2%	74.4%	55.2%	61.0%	66.7%	36.4%	39.8%	68.6%	73.6%	35.3%
2012	63.3%	67.5%	77.7%	59.6%	64.5%	65.8%	38.1%	40.5%	72.4%	69.5%	30.8%
2013	58.0%	72.7%	82.7%	65.3%	70.1%	65.0%	45.9%	47.3%	67.7%	75.6%	42.4%
2014	62.8%	76.9%	85.6%	68.0%	73.8%	57.1%	44.1%	46.7%	78.4%	72.8%	40.4%
2015	66.3%	82.2%	88.3%	68.2%	72.2%	61.2%	44.8%	53.2%	73.7%	69.2%	61.4%
2016	73.5%	88.2%	92.3%	70.0%	77.1%	63.2%	40.4%	56.8%	77.8%	75.0%	54.9%
2017	75.9%	90.1%	92.9%	73.3%	76.7%	63.8%	44.9%	59.2%	80.6%	79.4%	56.5%
2018	83.2%	91.0%	94.0%	75.0%	75.7%	64.9%	44.1%	62.3%	77.9%	78.9%	72.1%
2019	87.0%	91.3%	94.4%	74.9%	83.3%	65.3%	45.7%	64.7%	85.3%	82.3%	80.4%
2020	92.0%	92.4%	95.3%	77.0%	87.1%	70.5%	50.5%	66.6%	87.4%	84.0%	67.8%
2021	91.8%	93.1%	95.2%	76.4%	88.0%	74.2%	50.3%	71.1%	86.9%	84.2%	78.8%
2022	95.0%	93.7%	96.0%	82.4%	88.4%	76.7%	49.7%	77.7%	88.5%	81.8%	85.2%
2023	94.6%	95.5%	97.0%	87.9%	89.8%	80.2%	51.5%	83.9%	90.3%	85.0%	84.1%
2024	97.4%	94.8%	96.5%	88.9%	88.6%	81.5%	50.9%	88.5%	88.3%	89.4%	82.7%
2025	94.0%	93.7%	95.2%	88.0%	83.5%	80.7%	51.1%	86.3%	81.5%	88.9%	83.6%

Annex 7: Hot papers and Highly Cited papers

This section lists papers that have been identified as current hot papers or that have been identified as highly cited in the IHI JU and IMI project publications published between 2010 and 2025. Hot papers & highly cited papers have been defined as those articles and reviews which belong to the world's top decile of papers in that journal category and year of publication, when ranked by number of citations received.

Papers are listed in ascending alphabetical order (project) and unassigned papers are listed at the end of each section.

Hot papers associated with IHI projects

This section lists papers that perform above average as defined by citation counts in the top 0.1%.

Projects	Papers
AD-RIDDLE	Alexis Moscoso et al. (2025) Frequency and Clinical Outcomes Associated With Tau Positron Emission Tomography Positivity, JAMA: The Journal of the American Medical Association 334: 229-242
IMAGIO	Susan van der Lei et al. (2025) Thermal ablation versus surgical resection of small-size colorectal liver metastases (COLLISION): an international, randomised, controlled, phase 3 non-inferiority trial, The Lancet Oncology 26: 187-199
PREDICTOM	Madhurima Chatterjee et al. (2024) Plasma extracellular vesicle tau and TDP-43 as diagnostic biomarkers in FTD and ALS, Nature Medicine 30: 1771-1783
PROMINENT	Alexis Moscoso et al. (2025) Frequency and Clinical Outcomes Associated With Tau Positron Emission Tomography Positivity, JAMA: The Journal of the American Medical Association 334: 229-242

Highly Cited papers associated with IHI projects

This section lists papers that perform above average as defined by citation counts in the top 10%. Please note that the same paper can be assigned to more than one project.

Projects	Papers
Accelerate.EU	Irina Primac et al. (2025) The molecular blueprint of targeted radionuclide therapy, Nature Reviews Clinical Oncology 22: 869-894
AD-RIDDLE	Giovanni B Frisoni et al. (2025) New landscape of the diagnosis of Alzheimer's disease, The Lancet 406: 1389-1407
	Antoine Leuzy et al. (2025) Considerations in the clinical use of amyloid PET and CSF biomarkers for Alzheimer's disease, Alzheimer's & Dementia 21: e14528
	Alexis Moscoso et al. (2025) Frequency and Clinical Outcomes Associated With Tau Positron Emission Tomography Positivity, JAMA: The Journal of the American Medical Association 334: 229-242
	James D. Doecke et al. (2025) Diagnostic performance of plasma Aβ42/40 ratio, p-tau181, GFAP, and NfL along the continuum of Alzheimer's disease and non-AD dementias: An international multi-center study, Alzheimer's & Dementia 21: e14573
	Inge M. W. Verberk et al. (2025) Evidence-based standardized sample handling protocol for accurate blood-based Alzheimer's disease biomarker measurement: Results and consensus of the Global Biomarker Standardization Consortium, Alzheimer's & Dementia 21: e70752
	Sandar Aye et al. (2025) Point of view: Challenges in implementation of new immunotherapies for Alzheimer's disease, The Journal of Prevention of Alzheimer's Disease 12: 100022
	Sarah Pahlke et al. (2025) Blood-based biomarkers for detecting Alzheimer's disease pathology in cognitively impaired individuals within specialized care settings: A systematic review and meta-analysis, Alzheimer's & Dementia 21: e70828
	Sinthujah Vigneswaran et al. (2025) "Real-world" eligibility for anti-amyloid treatment in a tertiary memory clinic setting, Alzheimer's & Dementia 21: e70375
	Thais Lorenzo et al. (2025) Associations of Prediabetes, Diabetes and Glucose-Related Markers With Cognition and Neuroimaging in a 2-Year Multidomain Lifestyle Randomised Controlled Trial, Diabetes/Metabolism Research and Reviews 41: e70053
	K. Malzbender et al. (2024) Validation, Deployment, and Real-World Implementation of a Modular Toolbox for Alzheimer's Disease Detection and Dementia Risk Reduction: The AD-RIDDLE Project, The Journal of Prevention of Alzheimer's Disease 11: 329-338
	Rosanne L. van den Berg et al. (2024) Digital remote assessment of speech acoustics in cognitively unimpaired adults: feasibility, reliability and associations with amyloid pathology, Alzheimer's Research & Therapy 16: 176

	Yara Yakoub et al. (2024) Plasma p-tau217 predicts cognitive impairments up to ten years before onset in normal older adults, medRxiv : 2024.05.09.24307120
	Alejandro Costoya-Sánchez et al. (2023) Increased Medial Temporal Tau Positron Emission Tomography Uptake in the Absence of Amyloid-β Positivity, JAMA Neurology 80: 1051-1061
CLAIMS	Chiara Mauri et al. (2025) A Contrast-Agnostic Method for Ultra-High Resolution Claustrum Segmentation, Human Brain Mapping 46: e70303
	Stijn Denissen et al. (2025) A New Smartphone-Based Cognitive Screening Battery for Multiple Sclerosis (icognition): Validation Study, Journal of Medical Internet Research 27: e53503
	Jelle Praet et al. (2024) A future of AI-driven personalized care for people with multiple sclerosis, Frontiers in Immunology 15: 1446748
EDENT1FI	Luisa Hoffmann et al. (2025) EDENT1FI Master Protocol for screening of presymptomatic early-stage type 1 diabetes in children and adolescents, BMJ Open 15: e088522
	Ezio Bonifacio et al. (2025) Type 1 diabetes risk factors, risk prediction and presymptomatic detection: Evidence and guidance for screening, Diabetes Obesity and Metabolism 27: 28-39
	Ezio Bonifacio et al. (2025) The efficacy of islet autoantibody screening with or without genetic pre-screening strategies for the identification of presymptomatic type 1 diabetes, Diabetologia 68: 1101-1107
	Lauren M. Quinn et al. (2024) Protocol for a feasibility and acceptability study for UK general population paediatric type 1 diabetes screening—the EarLy Surveillance for Autoimmune diabetes (ELSA) study, Diabetic Medicine 42: e15490
EuroHeartPath	Moritz von Scheidt et al. (2025) Clonal haematopoiesis of indeterminate potential and mortality in coronary artery disease, European Heart Journal 47: 453-469
GRIPonMASH	Vicente Artola Arita et al. (2025) Effects of Mediterranean diet, exercise, and their combination on body composition and liver outcomes in metabolic dysfunction-associated steatotic liver disease: a systematic review and meta-analysis of randomized controlled trials, BMC Medicine 23: 502
	Vivian D de Jong et al. (2025) Global research initiative for patient screening on MASH (GRIPonMASH) protocol: rationale and design of a prospective multicentre study, BMJ Open 15: e092731
	Silvia Sabatini et al. (2024) Hepatic glucose production rises with the histological severity of metabolic dysfunction-associated steatohepatitis, Cell Reports Medicine 5: 101820
iCARE4CVD	Jelena Pavlović et al. (2025) Guideline-Directed Application of Coronary Artery Calcium Scores for Primary Prevention of Atherosclerotic Cardiovascular Disease, JACC Cardiovascular Imaging 18: 465-475
	Laurence Salle et al. (2025) Beyond overweight, visceral adiposity is associated with estimation of cardiovascular risk in patients living with type 1 diabetes: findings from the SFDT1 cohort, Cardiovascular Diabetology 24: 256
	Jishnu Malgie et al. (2025) Real-life implementation of guideline-recommended medical therapy in heart failure with reduced ejection fraction: Effects on prognosis and left ventricular ejection fraction. Primary results of TITRATE-HF, European Journal of Heart Failure 27: 2735-2746
	Komal Gilani et al. (2025) CDE-Mapper: Using retrieval-augmented language models for linking clinical data elements to controlled vocabularies, Computers in Biology and Medicine 196: 110745
	Jishnu Malgie et al. (2024) Contemporary guideline-directed medical therapy in de novo, chronic, and worsening heart failure patients: First data from the TITRATE-HF study, European Journal of Heart Failure 26: 1549-1560
	Emmanuel Cosson et al. (2024) Sex inequalities in cardiovascular risk factors and their management in primary prevention in adults living with type 1 diabetes in Germany and France: findings from DPV and SFDT1, Cardiovascular Diabetology 23: 342
IDERHA	Rada Hussein et al. (2025) Interoperability Framework of the European Health Data Space for the Secondary Use of Data: Interactive European Interoperability Framework–Based Standards Compliance Toolkit for AI-Driven Projects, Journal of Medical Internet Research 27: e69813
	Amelie Gyrard et al. (2025) Lessons Learned From European Health Data Projects With Cancer Use Cases: Implementation of Health Standards and Internet of Things Semantic Interoperability, Journal of Medical Internet Research 27: e66273
	Simon Scheider et al. (2025) Exploring Metadata Catalogs in Health Care Data Ecosystems: Taxonomy Development Study, JMIR Formative Research 9: e63396
	Sumit Madan et al. (2024) Transformer models in biomedicine, BMC Medical Informatics and Decision Making 24: 214
	Rada Hussein et al. (2024) Getting ready for the European Health Data Space (EHDS): IDERHA's plan to align with the latest EHDS requirements for the secondary use of health data, Open Research Europe 4: 160
ILLUMINATE	Kim M Pabst et al. (2025) [68Ga]Ga-FAPI-46 PET accuracy for cancer imaging with histopathology validation: a single-centre, single-arm, interventional, phase 2 trial, The Lancet Oncology 26: 1204-1214
	Irina Primac et al. (2025) The molecular blueprint of targeted radionuclide therapy, Nature Reviews Clinical Oncology 22: 869-894
	Kim M Pabst et al. (2025) The Value of FAPI PET/CT in Cholangiocarcinoma and Pancreatic Cancer: An Update, Seminars in Nuclear Medicine 55: 701-709
	Tugce Telli et al. (2025) Prognostic value of [18F]FDG- and PSMA-PET in patients evaluated for [177Lu]Lu-PSMA therapy of mCRPC, European Journal of Nuclear Medicine and Molecular Imaging 52: 3199-3210

IMAGIO	Susan van der Lei et al. (2025) Thermal ablation versus surgical resection of small-size colorectal liver metastases (COLLISION): an international, randomised, controlled, phase 3 non-inferiority trial, The Lancet Oncology 26: 187-199
	Sebastian Ziegelmayer et al. (2025) Intermuscular adipose tissue and lean muscle mass assessed with MRI in people with chronic back pain in Germany: a retrospective observational study, The Lancet Regional Health - Europe 54: 101323
	I. Luiken et al. (2025) Evaluation of commercial AI algorithms for the detection of fractures, effusions, and dislocations on real-world clinical data: A prospective registry study, Radiography 31: 103189
	Katsuyuki Taguchi et al. (2024) Imaging performance of a LaBr3:Ce scintillation detector for photon counting x-ray computed tomography: Simulation study, Medical Physics 52: 158-170
	Felix Busch et al. (2023) International pharmacy students' perceptions towards artificial intelligence in medicine—A multinational, multicentre cross-sectional study, British Journal of Clinical Pharmacology 90: 649-661
IMPROVE	Jonathan de Bruin et al. (2025) ASReview LAB v.2: Open-source text screening with multiple agents and a crowd of experts, Patterns 6: 101318
INTERCEPT	Ana Catarina Bravo et al. (2025) Patient and First-Degree Relatives Perceptions About Prediction and Prevention of Inflammatory Bowel Disease—A Multinational Survey, United European Gastroenterology Journal 13: 1226-1238
LIVERAIM	Stine Johansen et al. (2025) Screening for advanced steatotic liver disease, The Lancet Gastroenterology & Hepatology 10: 842-854
	Mads Israelsen et al. (2024) Non-invasive tests for alcohol-associated liver disease, Hepatology 80: 1390-1407
	Sara Elizabeth Stinson et al. (2024) The interplay between birth weight and obesity in determining childhood and adolescent cardiometabolic risk, EBioMedicine 105: 105205
NHPig	Alessia Cavazza et al. (2025) Advanced delivery systems for gene editing: A comprehensive review from the GenE-HumDi COST Action Working Group, Molecular Therapy - Nucleic Acids 36: 102457
	Lingzhao Fang et al. (2025) The Farm Animal Genotype–Tissue Expression (FarmGTEx) Project, Nature Genetics 57: 786-796
	Aisha Shigna Nadukkandy et al. (2025) Clinical application of single-cell RNA sequencing in disease and therapy, Clinical and Translational Medicine 15: e70512
PaLaDIn	César Bernabé et al. (2025) GO-Plan: A goal-oriented method for FAIRification planning, Information Services & Use 45: 100-124
PREDICTOM	Philine Marie Schirge et al. (2025) Perivascular space and white matter hyperintensities in Alzheimer's disease: associations with disease progression and cognitive function, Alzheimer's Research & Therapy 17: 62
	Carolin Meyer et al. (2025) Early Locus Coeruleus noradrenergic axon loss drives olfactory dysfunction in Alzheimer's disease, Nature Communications 16: 7338
	Theresa Bauer et al. (2025) Pragmatic algorithm for visual assessment of 4-Repeat tauopathies in [18F]PI-2620 PET Scans, NeuroImage 306: 121001
	Robert Perneczky et al. (2025) Real-world datasets for the International Registry for Alzheimer's Disease and Other Dementias (InRAD) and other registries: An international consensus, The Journal of Prevention of Alzheimer's Disease 12: 100096
	Carolin Kurz et al. (2025) Plasma biomarkers of amyloid, tau & neuroinflammation in Alzheimer's disease and corticobasal syndrome, European Archives of Psychiatry and Clinical Neuroscience 275: 2255-2273
	Robert Perneczky et al. (2025) Clinically meaningful benefit and real-world evidence in Alzheimer's disease research and care, Alzheimer's & Dementia: Translational Research & Clinical Interventions 11: e70090
	Carolin Anna Maria Koriath et al. (2025) Vestibular dysfunction: a hidden risk factor for Alzheimer's disease, Journal of Neurology 272: 285
	Madhurima Chatterjee et al. (2024) Plasma extracellular vesicle tau and TDP-43 as diagnostic biomarkers in FTD and ALS, Nature Medicine 30: 1771-1783
	Gloria Biechele et al. (2024) Associations between sex, body mass index and the individual microglial response in Alzheimer's disease, Journal of Neuroinflammation 21: 30
	Maura Malpetti et al. (2024) Neuroinflammation Parallels 18F-PI-2620 Positron Emission Tomography Patterns in Primary 4-Repeat Tauopathies, Movement Disorders 39: 1480-1492
	Matthias Brendel et al. (2024) Aβ status assessment in a hypothetical scenario prior to treatment with disease-modifying therapies: Evidence from 10-year real-world experience at university memory clinics, Alzheimer's & Dementia Diagnosis Assessment & Disease Monitoring 16: e70031
	Robert Perneczky et al. (2023) Anti-amyloid antibody treatments for Alzheimer's disease, European Journal of Neurology 31: e16049
	Anika Finze et al. (2023) Individual regional associations between Aβ-, tau- and neurodegeneration (ATN) with microglial activation in patients with primary and secondary tauopathies, Molecular Psychiatry 28: 4438-4450
	A. Sadlon et al. (2023) Association of Blood MicroRNA Expression and Polymorphisms with Cognitive and Biomarker Changes in Older Adults, The Journal of Prevention of Alzheimer's Disease 11: 230-240
PROMINENT	Giovanni B Frisoni et al. (2025) New landscape of the diagnosis of Alzheimer's disease, The Lancet 406: 1389-1407

	Antoine Leuzy et al. (2025) Considerations in the clinical use of amyloid PET and CSF biomarkers for Alzheimer's disease, Alzheimer's & Dementia 21: e14528
	Alexis Moscoso et al. (2025) Frequency and Clinical Outcomes Associated With Tau Positron Emission Tomography Positivity, JAMA: The Journal of the American Medical Association 334: 229-242
	Inge M. W. Verberk et al. (2025) Evidence-based standardized sample handling protocol for accurate blood-based Alzheimer's disease biomarker measurement: Results and consensus of the Global Biomarker Standardization Consortium, Alzheimer's & Dementia 21: e70752
	Tobias Borgh Skillbäck et al. (2025) Cerebrospinal Fluid Biomarkers for Alzheimer Disease Among Patients With Dementia, JAMA Neurology 82: 580-588
	Sandar Aye et al. (2025) Point of view: Challenges in implementation of new immunotherapies for Alzheimer's disease, The Journal of Prevention of Alzheimer's Disease 12: 100022
	Sinthujah Vigneswaran et al. (2025) “Real-world” eligibility for anti-amyloid treatment in a tertiary memory clinic setting, Alzheimer's & Dementia 21: e70375
	Linus Jönsson et al. (2025) Person-centered care at population scale: The Swedish registry for behavioral and psychological symptoms of dementia, Alzheimer's & Dementia: Translational Research & Clinical Interventions 11: e70057
	Xin Xia et al. (2025) The Cost-Effective Price of Lecanemab for Patients with Early Alzheimer’s Disease in Sweden, PharmacoEconomics 43: 1251-1266
	Thais Lorenzo et al. (2025) Associations of Prediabetes, Diabetes and Glucose-Related Markers With Cognition and Neuroimaging in a 2-Year Multidomain Lifestyle Randomised Controlled Trial, Diabetes/Metabolism Research and Reviews 41: e70053
	Eric P Moll van Charante et al. (2024) Prevention of dementia using mobile phone applications (PRODEMOS): a multinational, randomised, controlled effectiveness–implementation trial, The Lancet Healthy Longevity 5: e431-e442
	Sandar Aye et al. (2024) Optimising Alzheimer's Disease Diagnosis and Treatment: Assessing Cost-Utility of Integrating Blood Biomarkers in Clinical Practice for Disease-Modifying Treatment, The Journal of Prevention of Alzheimer's Disease 11: 928-942
	Noëlle Warmenhoven et al. (2024) CSF glial biomarkers are associated with cognition in individuals at risk of Alzheimer's disease, Alzheimer's & Dementia 20: 5819-5832
	Yara Yakoub et al. (2024) Plasma p-tau217 predicts cognitive impairments up to ten years before onset in normal older adults, medRxiv : 2024.05.09.24307120
	Soeren Mattke et al. (2023) Estimates of Current Capacity for Diagnosing Alzheimer's Disease in Sweden and the Need to Expand Specialist Numbers, The Journal of Prevention of Alzheimer's Disease 11: 155-161
SYNTHIA	Bayrem Kaabachi et al. (2025) A scoping review of privacy and utility metrics in medical synthetic data, npj Digital Medicine 8: 60
	Matteo Zampini et al. (2025) Characterization and Clinical Implications of p53 Dysfunction in Patients With Myelodysplastic Syndromes, Journal of Clinical Oncology 43: 2069-2083
Thera4Care	Kim M Pabst et al. (2025) [68Ga]Ga-FAPI-46 PET accuracy for cancer imaging with histopathology validation: a single-centre, single-arm, interventional, phase 2 trial, The Lancet Oncology 26: 1204-1214
	Irina Primac et al. (2025) The molecular blueprint of targeted radionuclide therapy, Nature Reviews Clinical Oncology 22: 869-894
	Kim M Pabst et al. (2025) The Value of FAPI PET/CT in Cholangiocarcinoma and Pancreatic Cancer: An Update, Seminars in Nuclear Medicine 55: 701-709
	Tugce Telli et al. (2025) Prognostic value of [18F]FDG- and PSMA-PET in patients evaluated for [177Lu]Lu-PSMA therapy of mCRPC, European Journal of Nuclear Medicine and Molecular Imaging 52: 3199-3210
	Anita Florit et al. (2025) Head-to-head comparison of fibroblast activation protein inhibitors (FAPI) radiopharmaceuticals and [18F]FDG in gynaecological malignancies: systematic literature review and meta-analysis, European Journal of Nuclear Medicine and Molecular Imaging 52: 3975-3989
VICT3R	Thomas Luechtefeld et al. (2025) Navigating the AI Frontier in Toxicology: Trends, Trust, and Transformation, Current Environmental Health Reports 12: 51
	Thomas Steger-Hartmann et al. (2024) IHI VICT3R: Developing and Implementing Virtual Control Groups to Reduce Animal Use in Toxicology Research, Toxicologic Pathology 53: 230-233
VIROMARKERS	Romina Salpini et al. (2025) Comparison of diagnostic performances of HDV-RNA quantification assays used in clinical practice: Results from a national quality control multicenter study, Journal of Clinical Virology 180: 105850
IHI unclassified	Daniele De Luca et al. (2025) The Lancet Child & Adolescent Health Commission on the future of neonatology, The Lancet Child & Adolescent Health 9: 578-612
	Jeffrey Cummings et al. (2025) Key considerations for combination therapy in Alzheimer's clinical trials: Perspectives from an expert advisory board convened by the Alzheimer's drug discovery foundation, The Journal of Prevention of Alzheimer's Disease 12: 100001
	Vincent W Joustra et al. (2025) Development and validation of peripheral blood DNA methylation signatures to predict response to biological therapy in adults with Crohn's disease (EPIC-CD): an epigenome-wide association study, The Lancet Gastroenterology & Hepatology 10: 818-830

	Victoria Stopa et al. (2025) Epitranscriptomics in atherosclerosis: Unraveling RNA modifications, editing and splicing and their implications in vascular disease, Vascular Pharmacology 159: 107496
	Olivier Philippe van Vredendaal et al. (2025) 2023 European Kidney Forum: The future of kidney care – investing in green nephrology to meet the European Green Deal targets, Journal of Nephrology 38: 815-825
	Rudolf L M van Herten et al. (2025) World of Forms: Deformable geometric templates for one-shot surface meshing in coronary CT angiography, Medical Image Analysis 103: 103582
	Raj Kalaria et al. (2024) The 2022 symposium on dementia and brain aging in low- and middle-income countries: Highlights on research, diagnosis, care, and impact, Alzheimer's & Dementia 20: 4290-4314
	Christopher R S Belder et al. (2024) Brain volume change following anti-amyloid β immunotherapy for Alzheimer's disease: amyloid-removal-related pseudo-atrophy, The Lancet Neurology 23: 1025-1034
	Marina Bluma et al. (2024) Disentangling relationships between Alzheimer's disease plasma biomarkers and established biomarkers in patients of tertiary memory clinics, EBioMedicine 112: 105504

Hot papers associated with IMI projects

This section lists papers that perform above average as defined by citation counts in the top 0.1%. Please note that the same paper can be assigned to more than one project.

Projects	Papers
3TR	Sebastian Palmqvist et al. (2025) Alzheimer's Association Clinical Practice Guideline on the use of blood-based biomarkers in the diagnostic workup of suspected Alzheimer's disease within specialized care settings, Alzheimer's & Dementia 21: e70535
	Rik Ossenkoppele et al. (2025) Plasma p-tau217 and tau-PET predict future cognitive decline among cognitively unimpaired individuals: implications for clinical trials, Nature Aging 5: 883-896
	Clifford R. Jack et al. (2024) Revised criteria for diagnosis and staging of Alzheimer's disease: Alzheimer's Association Workgroup, Alzheimer's & Dementia 20: 5143-5169
	Michael T. Heneka et al. (2024) Neuroinflammation in Alzheimer disease, Nature Reviews Immunology 25: 321-352
	Michael Khalil et al. (2024) Neurofilaments as biomarkers in neurological disorders — towards clinical application, Nature Reviews Neurology 20: 269-287
AETIONOMY	Holger Fröhlich et al. (2018) From hype to reality: data science enabling personalized medicine, BMC Medicine 16: 150
AIMS-2-TRIALS	Vassily Trubetskoy et al. (2022) Mapping genomic loci implicates genes and synaptic biology in schizophrenia, Nature 604: 502-508
	Andres Roman-Urrestarazu et al. (2021) Association of Race/Ethnicity and Social Disadvantage With Autism Prevalence in 7 Million School Children in England, JAMA Pediatrics 175: e210054
	Catherine Lord et al. (2020) Autism spectrum disorder, Nature Reviews Disease Primers 6: 5
	Varun Warrier et al. (2020) Elevated rates of autism, other neurodevelopmental and psychiatric diagnoses, and autistic traits in transgender and gender-diverse individuals, Nature Communications 11: 3959
	Han Peng et al. (2020) Accurate brain age prediction with lightweight deep neural networks, Medical Image Analysis 68: 101871
	The Schizophrenia Working Group of the Psychiatric Genomics Consortium et al. (2020) Mapping genomic loci prioritises genes and implicates synaptic biology in schizophrenia, medRxiv : 2020.09.12.20192922
AMYPAD	Cecilia Boccalini et al. (2025) Sex differences in the association of Alzheimer's disease biomarkers and cognition in a multicenter memory clinic study, Alzheimer's Research & Therapy 17: 46
	Marta Milà-Alomà et al. (2022) Plasma p-tau231 and p-tau217 as state markers of amyloid-β pathology in preclinical Alzheimer's disease, Nature Medicine 28: 1797-1801
APPROACH	Margreet Kloppenburg et al. (2025) Osteoarthritis, The Lancet 405: 71-85
ARDAT	Ulrike M. Reiss et al. (2025) Sustained Clinical Benefit of AAV Gene Therapy in Severe Hemophilia B, The New England Journal of Medicine 392: 2226-2234
BEAT-DKD	Loïc Yengo et al. (2022) A saturated map of common genetic variants associated with human height, Nature 610: 704-712
BigData@Heart	Zeljko Kraljevic et al. (2024) Foresight—a generative pretrained transformer for modelling of patient timelines using electronic health records: a retrospective modelling study, The Lancet Digital Health 6: e281-e290
	Jing Hua Zhao et al. (2023) Genetics of circulating inflammatory proteins identifies drivers of immune-mediated disease risk and therapeutic targets, Nature Immunology 24: 1540-1551
	Susanna C Larsson et al. (2023) Mendelian randomization for cardiovascular diseases: principles and applications, European Heart Journal 44: 4913-4924
	Loïc Yengo et al. (2022) A saturated map of common genetic variants associated with human height, Nature 610: 704-712
	Elizabeth Jordan et al. (2021) Evidence-Based Assessment of Genes in Dilated Cardiomyopathy, Circulation 144: 7-19

	Andrew Clark et al. (2020) Global, regional, and national estimates of the population at increased risk of severe COVID-19 due to underlying health conditions in 2020: a modelling study, The Lancet Global Health 8: e1003-e1017
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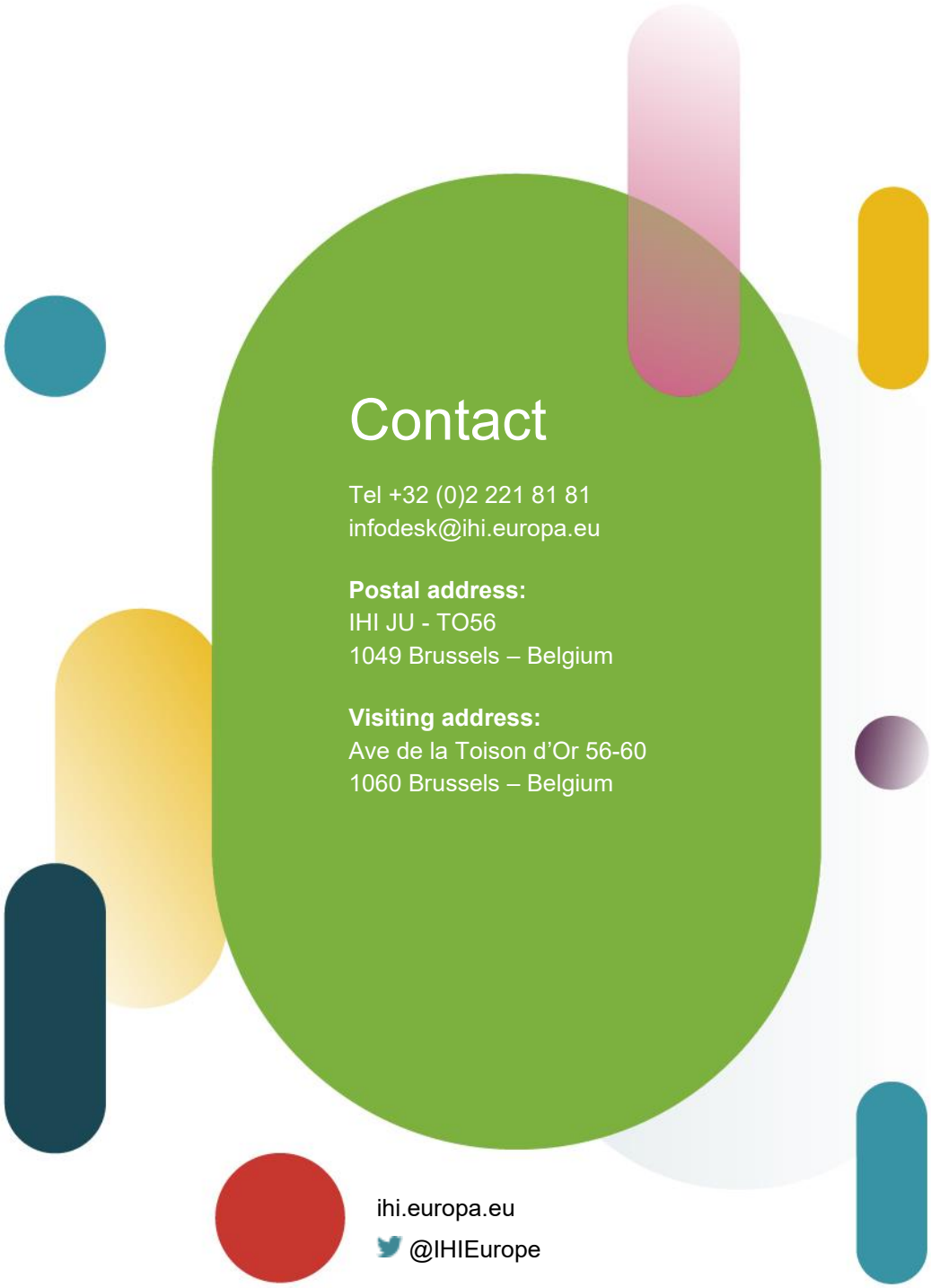
Contact

Tel +32 (0)2 221 81 81
infodesk@ihi.europa.eu

Postal address:
IHI JU - TO56
1049 Brussels – Belgium

Visiting address:
Ave de la Toison d'Or 56-60
1060 Brussels – Belgium



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